



# Listening, learning, changing Mā Whakarongo me Ako ka huri te tai

Crown Response to the Abuse in Care Inquiry

## COVERSHEET

<b>Minister</b>	Hon Erica Stanford	<b>Portfolio</b>	Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions
<b>Date of meeting</b>	11 August 2025	<b>Date to be published</b>	16 March 2026

<b>List of documents that have been proactively released</b>		
<b>Date</b>	<b>Title</b>	<b>Author</b>
11 August 2025	Agenda and items for discussion	Crown Response Office
11 August 2025	Gloriavale: Current agency work and next steps	Crown Response Office
11 August 2025	Care System Leadership: Indicative options	Crown Response Office
11 August 2025	High-level options to strengthen responses to claims by wider and non-State care institutions	Crown Response Office
1 August 2025	Delivering an enhanced redress system for survivors of abuse in State care – Redress Implementation Plan and Common Payment Framework update	Crown Response Office
11 August 2025	Update: Additional redress claims funding and Care Safety System initiatives	Crown Response Office

### **Withholding grounds**

Information within this document has been withheld as if it had been requested under the Official Information Act 1982. Where this is the case, the reasons for withholding have been listed below. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

- section 9(2)(a) to protect the privacy of natural persons
- section 9(2)(f)(iv) to maintain the current constitutional conventions protecting the confidentiality of advice tendered by Ministers and officials

### **Notes**

- Paper titled *Delivering an enhanced redress system for survivors of abuse in State care – Redress Implementation Plan and Common Payment Framework Update* was updated and provided to Ministers at a later date. The updated version of this paper can be found [here](#).

- Payment categories on page 45 *Appendix 2: Proposed Option for Common Payment Framework – Payment Categories (draft)* are draft versions only. The final payment categories can be found on the Redress New Zealand website at the following link: [About the Common Payment Framework - Redress New Zealand](#)



## Meeting pack – 11 August 2025

### Multi-Ministers – Crown Response to the Abuse in Care Inquiry

#### Membership:

- Hon Erica Stanford as Lead Coordination Minister for the Government’s Response to the Royal Commission’s Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (Chair) and as Minister of Education;
- Hon Simeon Brown as Minister of Health;
- Hon Paul Goldsmith as Minister of Justice;
- Hon Louise Upston as Minister for Social Development and Employment and Minister for Disability Issues;
- Hon Judith Collins KC as Attorney-General;
- Hon Mark Mitchell as Minister of Corrections and Minister of Police;
- Hon Tama Potaka as Minister for Māori Development;
- Hon Matt Doocey as Minister for Mental Health;
- Hon Karen Chhour as Minister for Children and Minister for the Prevention of Family and Sexual Violence; and
- Hon Casey Costello as Associate Minister of Health and Associate Minister of Police.

#### Meeting pack:

- Aide-memoire: agenda and items for discussion;
- Briefing CRACI 25/086 – Item 1: Gloriavale: Current agency work and next steps
- Briefing CRACI 25/078 – Item 2: Care System Leadership indicative options
- Briefing CRACI 25/072 – Item 3: High-level options to strengthen response to claims by wider- and non-State care institutions
- Briefing CRACI 25/082 Item 4: Delivering an enhanced redress system for survivors of abuse in State care – Redress Implementation Plan
- Briefing CRACI 25/091 – Update: Additional redress claims funding and Care Safety System initiatives



# Aide-memoire

## Agenda and items for discussion

**For:** Multi-Ministers – Crown Response to the Abuse in Care Inquiry

**Date:** 11 August 2025, 5:30pm

**Security level:**

### Purpose

1. This pack provides the Multi-Ministers for the Crown Response to the Abuse in Care Inquiry with an agenda and papers to support its discussion at 5:30 – 6:30pm, 11 August 2025 in the Cabinet Committee Room (8.5).

### Agenda

	Item	Timing
1.	<p>Gloriavale</p> <p><i>(Paper: Item 1: Gloriavale: Current agency work and next steps)</i></p> <p>This item seeks agreement to:</p> <ul style="list-style-type: none"><li>• A Ministerially mandated all-of-Government strategy to strengthen our response to Gloriavale</li></ul>	20 minutes
2.	<p>Care system leadership</p> <p><i>(Paper: Item 2: Care System Leadership indicative options)</i></p> <p>This item seeks agreement for:</p> <ul style="list-style-type: none"><li>• Further work on options 2, 3 and 4 with a final recommended option to be presented to Care Ministers in early October in advance of the Cabinet report back in November.</li></ul>	15 minutes
3.	<p>Wider- and non-State redress</p> <p><i>(Paper: Item 3: High-level options to strengthen response to claims by wider- and non-State care institutions)</i></p> <p>This item seeks agreement to:</p> <ul style="list-style-type: none"><li>• The parameters for and the scope and phasing of policy work with a final recommended work plan to be presented to redress Ministers in early October in advance of the Cabinet report back due in November.</li></ul>	15 minutes

4.	<p>Redress Implementation Plan and Common Payment Framework</p> <p>This item seeks agreement to:</p> <ul style="list-style-type: none"> <li>• The redress implementation plan.</li> </ul> <p><i>(Paper: Item 4: Delivering an enhanced redress system for survivors of abuse in State care – Redress Implementation Plan and Common Payment Framework update)</i></p>	10 minutes
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## Additional papers

### Update: Additional redress claims funding and Care Safety System initiatives

This paper provides an update on the additional redress claims funding in the 24/25FY and the progress of Budget 25 Care Safety initiatives. It has been provided to you, for your information.

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# Discussion paper



**Listening, learning, changing**  
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Crown Response to the Abuse in Care Inquiry

## Item 1: Gloriavale: Current agency work and next steps

**For:** Multi-Ministers - Crown Response to the Abuse in Care Inquiry **Security level:**

**Meeting Date:** 11 August 2025, 5.30pm

**Tracking No:** CRACI 25/086

### Purpose

1. This paper provides Ministers with an update on current agency work at Gloriavale to support a discussion on the Government's response to the Royal Commission's recommendation on Gloriavale at the Crown Response multi-Ministers meeting.

### Recommendations

2. It is recommended that you:
  - a. **note** recommendation 88 in the Royal Commission's final report *Whanaketia* (2024) is that Government take all practical steps to ensure the ongoing safety of children, young people and adults in care at Gloriavale and the intent of this recommendation has been accepted; and
  - b. **note** this paper supports a discussion on the Government's response to this recommendation at the Crown Response multi-Ministers meeting on 11 August.

### Background and context

3. The Gloriavale Christian Community (Gloriavale) is a community founded in 1969 and moved to an isolated location on the West Coast in the 1980s. Gloriavale is made up of approximately 600 members, with close to two-thirds under the age of 18. Gloriavale operates under a strong hierarchical leadership structure based on a religious beliefs system. Gloriavale is led by the Overseeing Shepherd Howard Temple, assisted by a group of Shepherds. On 30 July, Howard Temple pled guilty to 12 charges, including five of indecent assault, five of doing an indecent act and two of common assault.
4. The New Zealand Gloriavale community is largely made up of original members and people born into the community. In addition, over the last few years, Gloriavale has established a small community in India.
5. Many government agencies have worked in Gloriavale over a number of years on a range of matters relevant to the operation of the community, including:
  - a. provision of health and support services to Gloriavale community members, and support for leavers;

- b. monitoring Gloriavale's compliance with legislation, such as undertaking inspections and reviews;
  - c. investigations into potential breaches of legislative requirements including alleged criminal acts and child protection and youth justice concerns; and
  - d. reviews into Gloriavale's compliance with educational standards.
6. Prior to August 2022, agencies used a mix of formal and informal ways in which to coordinate their operations relating to Gloriavale. Employment Court decisions in May 2022 and July 2023 found three male plaintiffs and six female plaintiffs respectively to be employees. While the Employment Court decisions focussed on the issue of employment, the evidence provided in the course of the Employment Court proceedings raised issues relating to potential forced labour, child labour and physical and psychological abuse.
  7. Following the Employment Court decisions, an inter-agency function, overseen by joint Ministers and led by the Associate Minister for Workforce Safety, was established. As part of this, Ministers determined a set of five key outcomes, and the community agreed to work alongside agencies towards meeting them. The function, which began reporting in October 2022, was led by the West Coast Regional Public Service Commissioner regionally and the Ministry of Business, Innovation and Employment nationally. At the end of 2023, the mandate for the oversight and coordination function expired and it was not re-established.
  8. Since the ending of the formal inter-agency mandate, some level of cross-agency cooperation and information sharing has been continuing. Regional operational leads from Health New Zealand, the Ministries of Education, Social Development, and Business, Innovation and Employment (Labour Inspectorate), along with the New Zealand Police, Department of Internal Affairs (Charities Services), WorkSafe New Zealand and Oranga Tamariki, meet informally to share insights and support on the ground activity with Gloriavale.
  9. Recommendation 88 in the Royal Commission's final report *Whanaketia* (2024) is that Government take all practical steps to ensure the ongoing safety of children, young people and adults in care at Gloriavale. The intent of this recommendation has been accepted and the response to the recommendation is listed as underway.
  10. Given the interconnected nature of domestic, education and workplace contexts in the community, we are interpreting the scope of the recommendation to include the safety of children, young people and adults across all areas of community life. We are also interpreting the recommendation to include those who have recently left the community, and those in the process of leaving, given the vulnerability of these groups.

### **Agencies' current work at Gloriavale and Government's overall response**

11. A discussion of options for Government's ongoing response to recommendation 88 is scheduled for the Crown Response multi-Ministers meeting. Officials will be at the meeting to provide further details on what is known about the current situation at Gloriavale, and to support the discussion around options. The main focus will be understanding Ministers' expectations and priorities, with associated questions relating to potentially formalising inter-agency activity, with the option of Ministerial oversight of this work.

12. To support the discussion, Table One below provides a summary of ongoing operational agency involvement with Gloriavale.

**Table One: Nature of agency involvement in Gloriavale**

Agency	Nature of current involvement
NZ Police	Police have a dedicated investigator overseeing all Police involvement with Gloriavale, who works in collaboration with Oranga Tamariki, and other agencies where the need arises. It has active investigations relating to Gloriavale, where work is ongoing at a local, regional and national level.
Oranga Tamariki	Oranga Tamariki has significant involvement with the community across a range of care and protection and youth justice matters and works with some community leavers. Oranga Tamariki has established an internal oversight group made up of Oranga Tamariki representatives from Legal, Professional Practice and Operations. There are weekly meetings between national office and regional staff to provide advice and support and ensure a line of sight across all issues associated with Gloriavale.
Ministry of Education	The Ministry of Education meets monthly with the school to monitor progress in addressing the findings from the Education Review Office. The school also provides fortnightly reports to the Ministry of Education on progress.
Health New Zealand	Health New Zealand manages a range of health specialists going into Gloriavale semi-regularly with the aim of ensuring community members have access to healthcare as needed. Health New Zealand are working on opportunities for greater health prevention focus within the community.
Education Review Office	The Education Review Office undertook a review of the school in 2023, which found that it wasn't meeting the required standards of a private school. In 2024, a further review was undertaken, including reviewing home school arrangements, which found the school continued to remain short of the required standards. The findings from the report were made public on 2 July 2025.
Ministry of Social Development	The Ministry of Social Development is responsible for ensuring the residents of Gloriavale can access social welfare benefits, if they qualify. It also provides direct support, including employment related support and housing assistance, to individuals who have left the community.
Labour Inspectorate (MBIE)	The Labour Inspectorate continues to assess compliance with employment standards at Gloriavale. It is awaiting the outcome of the Court of Appeal hearing of Gloriavale's appeal in the Pilgrim case set for October 2025. 9(2)(a) [REDACTED]
Immigration (MBIE)	Immigration does not currently have an active investigation into Gloriavale, but continues to actively provide assistance to New Zealand Police with any enquiries they may have in relation to allegations of trafficking.
WorkSafe	WorkSafe has no active work underway but is continuing to respond to concerns as and when they arise. Similarly to the Labour Inspectorate, it is awaiting the outcome of the appeal in the Pilgrim case.
Charities Services (DIA)	Charities Services has completed three investigations into the Christian Church Community Trust, which has led to the independent Charities Registration Board issuing

	of a notice of intention to de-register the trust as a charity and disqualify officers. This regulatory process is ongoing, and a final decision has not yet been made.
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# Briefing

## Item 2: Care System Leadership: Indicative options

**For:** Multi-Ministers – Crown Response to the Abuse in Care Inquiry

**Security level:**

**Meeting Date:** 11 August 2025, 5.30pm

**Tracking No:** CRACI 25/078

### Purpose

1. This paper seeks decisions on Care System Leadership.
2. It seeks your views on the desired scale of change to respond to recommendations from the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based institutions (the Royal Commission) related to system and structural change, particularly *Whanaketia* recommendation 41 (to establish a centralised, independent, Care Safe Agency) and it presents indicative options for Cabinet decisions to be sought in November 2025.

### Executive Summary

3. This paper provides indicative options on a scale of change to respond to identified issues with care safety. They are organised across a continuum from the status quo to the establishment of a full Care Safe Agency (as envisaged by the Royal Commission). It also seeks agreement to six strategic objectives aimed at achieving the goal of a safe care system.
4. These options were developed based on cross-agency work to examine: causes of harm in the current system; the key shifts since the period of the Royal Commission; and the main outstanding issues remaining. It used data and evidence from New Zealand and international sources, including engagement with internal operational and practice leads and key external monitors. A functional analysis was conducted of the 18 functions the Royal Commission recommended should be brought together into a centralised 'Care Safe Agency' to determine which are present in the current care system and where they are located.
5. Agreement is sought to continue to develop three of the options which focus on filling gaps, maturing existing functions and investigating more targeted options to improve system coherence instead of further work to investigate the establishment of a full Care Safe Agency, (as the Royal Commission recommended).
6. The paper proposes presenting a preferred option, with choices around pace and scale, for discussion with Care Ministers in early October ahead of finalising advice to Cabinet in November.
7. The functional analysis is summarised in Appendix One, the problem definition (risk factors and outstanding issues) and strategic objectives are summarised in Appendix Two, and the

options packages are summarised in Appendix Three. The approach to getting scope decisions is set out in Appendix Four.

## Recommendations

8. It is recommended that you:

- a. **note** the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Lead Coordination Minister) is due to report to Cabinet in November 2025 with advice on structural and other system level changes to care including a response to *Whanaketia* recommendation 41, to establish a Care Safe Agency [ECO-25-MIN-0060 refers];
- b. **note** work to review the Royal Commission's recommendations against international evidence and a 'current state' analysis of New Zealand's care system has included:
  - i. identifying key shifts in the care system since the Royal Commission inquiry period and outstanding issues with care safety and proposing strategic objectives for the care system (Appendix Two);
  - ii. analysis of the 18 functions the Royal Commission recommended should be brought together in a Care Safe Agency (Appendix One); and
  - iii. developing options for addressing the outstanding issues (Appendix Three);
- c. **agree** the following strategic objectives to address outstanding issues:
  - i. improve system cohesion;
  - ii. strengthen standards and safeguards;
  - iii. build a safe capable workforce;
  - iv. strengthen monitoring and oversight;
  - v. strengthen complaints functions; and
  - vi. strengthen accountability;
- d. **note** the following indicative options to address outstanding issues and progress the strategic objectives:

**Option 1: Status quo:** current work including Budget 25 initiatives and existing agency work programmes;

**Option 2: Fill gaps and mature existing core functions** on a sector-by-sector basis;

**Option 3: Incremental actions to improve alignment** across different care settings;

**Option 4: A top-down regulatory framework** with potential for elements of formal integration, but not to the extent recommended by the Royal Commission; and

**Option 5: A single regulatory framework and a fully integrated Care Safe Agency** across all care settings with 18 functions integrated into one agency, as recommended by the Royal Commission;
- e. **agree** not to progress further analytical work on options 1 or 5 at this stage because:

- i. Option 1: Progressing current work within existing settings will not meaningfully address the outstanding issues identified to make the care system safe; and
  - ii. Option 5: A fully integrated Care Safe Agency across all settings and functions comes with significant risk to services, no guarantee of addressing the issues identified, and would involve more integration than in any international systems we have reviewed;
- f. **note** options 2, 3, and 4 all have funding implications and option 2 and 3 may have, and option 4 will have, regulatory implications;
- g. **note** all these options are indicative and require further development before final proposals are prepared for Cabinet in November;
- h. **agree** that officials should further develop Option 2 and 3 and Option 4, including a high-level phased approach to implementation, and present a preferred option, with associated choices around pace and scale, to Care Agency Ministers by early October, before final proposals are prepared for Cabinet in November;
- i. **agree** that if any external consultation is required as part of work set out under recommendation (h), this will be subject to the agreement of the Lead Coordination Minister, in consultation with other relevant Ministers as required; and
- j. **note** advice on the populations and settings in scope of each proposal will include options to add to or remove from the scope of the Royal Commission, with options to be assessed against risk of abuse, costs, feasibility and the role of the state.



Rajesh Chhana  
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**Crown Response to the Abuse in Care**  
**Inquiry**

06 / 08 /2025

Hon Erica Stanford  
**Lead Coordination Minister for the Crown**  
**Response to the Royal Commission's Report**  
**into Historical Abuse in State Care and in the**  
**Care of Faith-based Institutions**

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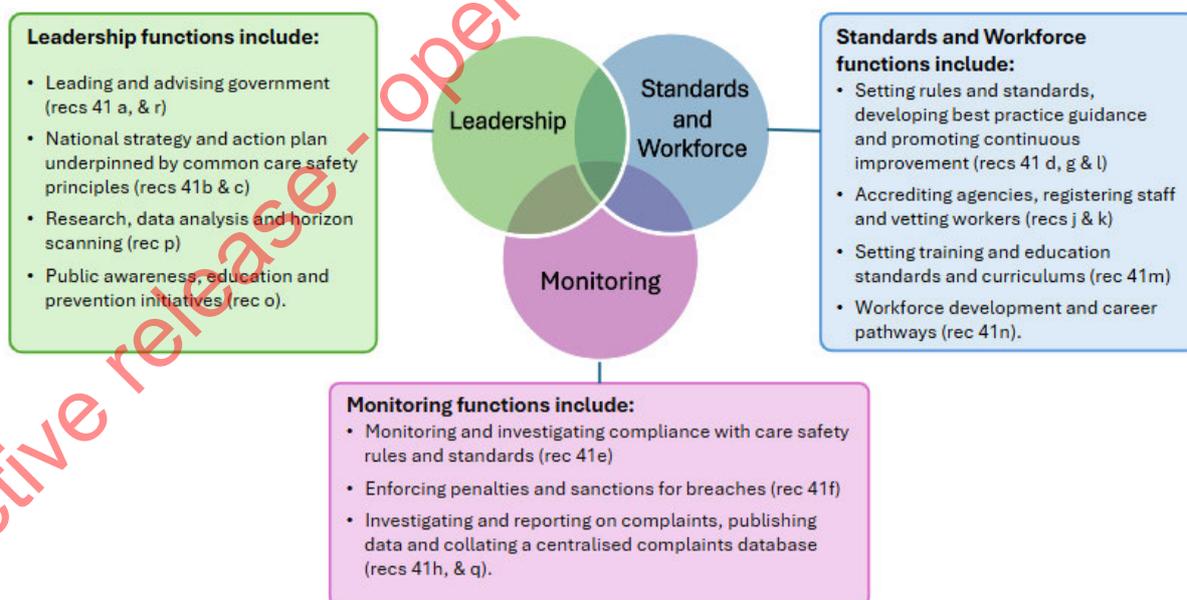
## A report back is due to Cabinet in November 2025 on the response to the Royal Commission’s structural and system level recommendations

9. On 7 May 2025 Cabinet Economic Policy Committee invited the Lead Coordination Minister for the Government’s Response to the Royal Commission’s Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Lead Coordination Minister), to report back to Cabinet in November 2025 with advice on structural and other system level changes to care including recommendation 41 in the final report of the Royal Commission (*Whanaketia*) (to establish Care Safe Agency) [ECO-25-MIN-0060 refers].
10. This work is a foundational, with work to respond to other care system recommendations dependent on decisions made in response to this recommendation. This is because many of the functions the Royal Commission recommended should be progressed by a Care Safe Agency are the subject of other recommendations, including recommendations for a new national strategy, new overarching “Care safety” legislation, and many recommendations to improve standards and workforce. This means some of these other recommendations cannot be progressed until the issue of the establishment of a Care Safe Agency has been settled.

### What the Royal Commission recommended: An independent Care Safe Agency to be tasked with 18 leadership, regulatory, and oversight functions

11. In *Whanaketia* (recommendation 41) the Royal Commission recommended “the government should establish a new standalone Care Safe Agency, with an independent Board to oversee it.” It then specified 18 functions that the entity should be tasked with, spanning a range of system leadership, monitoring, oversight, standards and regulatory functions. These 18 functions have been grouped together in three broad categories as per figure one below:

**Figure one: Functions recommended to be brought together in a Care Safe Agency**



12. The Crown Response Office (CRO) has worked with care agencies, some population agencies and the Public Service Commission to progress a Care System Leadership project to address this Cabinet directive. The project aims to identify where the needs and outstanding issues are across the care system – first considering those identified by the Royal Commission and then confirming these with an analysis of the current state data and evidence. It then

assessed whether the full Care Safe Agency across all 18 functions (as recommended by the Royal Commission) is the best way to meet those needs, address those outstanding issues, and achieve the goal of improving the safety of people in care, or whether other actions would achieve those goals more effectively.

### **Agencies brought together international and New Zealand evidence to ensure we have clearly identified current care safety issues**

13. Work completed or near completion by the Care System Leadership Core Working Group (the working group) to collate and review evidence and information, has included:
  - a. a 'current state' data analysis looking at where harm is occurring in the current care system;
  - b. reviews of the structure of care systems in other jurisdictions, evidence of the root causes of harm in care, and the findings of other recent New Zealand reviews;
  - c. a short summary narrative of the evolution of the care system in New Zealand from the time of the inquiry (1950-1999) until today;
  - d. a functional analysis of the 18 functions the Royal Commission recommended should be brought together into an independent, centralised, Care Safe Agency. This work is considering whether those functions exist in the current care system; where they are located; how mature they are; and whether there would be benefits from better aligning, coordinating or integrating them. Emerging insights from the functional analysis are summarised as Appendix One;
  - e. a series of 27 key informant interviews conducted by the Ministries of Education, Health and Social Development, Oranga Tamariki, Whaikaha, Te Puni Kōkiri, and the Crown Response Office (involving 76 individual informants) with internal operational and practice leads and key external monitors;
  - f. a summarised problem definition based on the Royal Commission's findings checked against the current state analysis; and
  - g. several analytical tools such as consideration of tensions and trade-offs, analysis of scope options, and design and evaluation criteria for the final proposals.

### **Outstanding issues and associated strategic objectives have been identified**

14. Based on the work outlined above, officials examined the key shifts and changes made to the care system since the inquiry period to identify key outstanding issues. This is summarised in the first A3 slide in Appendix Two.
15. This work found that significant changes have been made in the time since the inquiry, but that although each of the Royal Commission's risk factors have reduced significantly, there are still outstanding issues in each of the original risk areas. In addition, some areas of harm have become more prominent since the inquiry period, such as the level of 'peer on peer' abuse. The shift to providing more care in community settings and homes also means that some abuse and neglect may be less visible.

16. The strategic objectives that are proposed for the next phase of the work are derived from the gaps identified in the functional analysis and the analysis of the current state, international evidence and other material previously reviewed by Agencies. These are described in the second A3 slide in Appendix Two.

### **Indicative options have been developed to test Ministers' views on the desired scale of change**

17. Indicative options have been developed to test your views on the scale of change you would like in the short to medium term to address the outstanding issues. These are set out in Appendix Three. The options are organised across a continuum from the status quo to the establishment of a full Care Safe Agency (as envisaged by the Royal Commission). They are:

**OPTION 1 - Status quo:** Current work including Budget 25 initiatives, BAU activities and other agency-specific work to respond to other Royal Commission recommendations within existing funding, structural and regulatory settings;

**OPTION 2 – Fill gaps and mature existing core functions:** Option 1 plus additional work to fill key gaps and/or increase the maturity of specific functions (e.g. for vulnerable adults or for the unregulated workforce);

**OPTION 3 – Incremental actions to improve alignment:** Option 1 and 2 plus increased alignment across some parts of the care system;

**OPTION 4 – A top down national regulatory framework:** Option 1 plus consistent regulatory standards across care settings, where it makes sense, underpinned by a Care Safety Act, ensuring key functions are in place across care settings, with potential for formal integration of some functions but not to the extent recommended by the Royal Commission; and

**OPTION 5 – A fully integrated Care Safe Agency across all functions and settings:** the 18 functions integrated into one agency under one regulatory framework (as recommended by the Royal Commission).

*Options 1 and 5: Further work on these options is not recommended at this stage*

18. Option 1, the status quo option of progressing current work within existing funding, structural and regulatory settings, is unlikely to address the outstanding issues in Appendix One or meet public and survivor expectations. Most importantly, it would not address some of the significant gaps identified in the functional analysis, such as in monitoring and oversight of services for vulnerable adults. It would also be unlikely to strengthen existing accountabilities for abuse in care in an enduring way.
19. Additionally, the Royal Commission and others, such as the Independent Children's Monitor, identified a need to address fragmentation and develop a more cohesive and consistent care system. As many existing initiatives underway in agencies are sector-specific, they would improve specific parts of the system but are unlikely to address system coherence.
20. Option 5 is for the full implementation of the recommendation for a Care Safe Agency. It would bring the full scope of care settings considered by the Royal Commission and all 18 leadership, monitoring, oversight, standards and regulatory functions described in paragraph

7 and Figure One (above) into an agency with an independent board. Agencies consider this option would come with significant risk of disruption to existing services, high costs and no guarantee of addressing the issues identified or of making the care system safer.

21. Although bringing functions together can be useful when system coherence is an objective, as it is here, some of the 18 functions recommended would not fit together sensibly into the same agency and some may even be at cross-purposes. For example, there is an inherent conflict in bringing monitoring functions together with setting strategic direction and with some workforce and accreditation functions.
22. It also has the potential to lead to an adversarial relationship between the new agency and its independent Board and those providing services which may create tensions with policy departments over regulatory settings, and create uncertainty around who drives work programme priorities. It would also be difficult to achieve an appropriate balance across different systems. For example, there is a risk that a new body may overfocus on one part of the system rather than another – for example on children in care at the expense of disabled adults and those with mental illnesses.
23. Bringing together functions that are already an integral part of a complex system (such as the health system) can also risk creating new silos through the need to separate those functions out from other services they are related to. For example separating oversight of adult disability and mental health services from the health sector may not make sense when those services are physically located together (e.g. in a hospital) and connected to other services for similar vulnerable populations (for example Emergency Department services).
24. Option 5 would also take significant time and resources to establish and would be associated with considerable disruption to the services currently provided by the 20 agencies (departments, Crown entities and others) currently responsible for the functions proposed for the agency. In a constrained funding environment, the funding required to achieve the new agency may be better deployed on improving existing care systems, such as monitoring and oversight which are thinly resourced in some parts of the care system.
25. The Public Service Commission has reservations from a machinery of government perspective about integrating all 18 functions recommended by the Royal Commission into a single entity under an independent Board, as the same policy goals could potentially be achieved in other ways without recourse to major machinery change. Such approaches are noted in options 3 and 4 and would provide for stronger system cohesion, while addressing areas of high priority for delivering safer care.
26. Our engagement with key informants identified that some consolidation, integration or alignment of regulatory and oversight services is needed, although several raised concerns that the Royal Commission's proposal for 18 functions to be consolidated into a Care Safe Agency went too far. In addition, the review of international evidence showed that Option 4 would involve more integration than in any of the jurisdictions we considered - none of the international models examined integrated all 18 functions into a single centralised body. However, several other jurisdictions have more integrated models of care than New Zealand.
27. We therefore propose that while Options 1 and 5 would be outlined to Cabinet in November, the focus for the next stage of work would be on Options 2, 3 and 4.

*Options 2, 3 and 4: Further consideration and analysis of these options is proposed to be presented to 'Care' Ministers before proposals go to Cabinet in November*

28. There are two broad approaches that could be taken to the remaining options (options 2, 3 and 4). These are:
  - a. Options 2 and 3: An incremental approach that would prioritise filling gaps and maturing existing systems on a sector-by-sector basis (Option 2), while concurrently considering mechanisms to improve alignment across different care settings (Option 3):
  - b. Option 4: A top-down approach to establish a consistent regulatory framework across care settings, as and where appropriate, which may entail some elements of formal integration. This approach would build on option 1 but add consistent regulatory standards across care settings, where it makes sense, underpinned by a Care Safety Act, ensure key functions are in place across care settings, and potentially involve formal integration of some functions, but not to the extent recommended by the Royal Commission. This approach would not involve the level of centralisation under Option 5 but would offer a vehicle to accept other recommendations.
29. We are seeking agreement from Ministers on whether both of these options should remain on the table for further development and analysis so they can be considered as part of the Cabinet report back in November. A preferred option would be presented to 'care' Ministers (the Ministers for: Children, Disabled People, Education, Social Development, Health, Mental Health and Māori Development) along with options around pace and scale and an indicative implementation work programme going forward to July 2027, by early October.
30. The options analysis will consider benefits, costs, disruption, responsiveness to Māori and alignment with the Crown's Treaty of Waitangi / Tiriti o Waitangi obligations. It may also identify the need for testing options via engagement with external stakeholders, and we propose this could be progressed, subject to the agreement of the Lead Coordination Minister, and any other relevant Ministers as required.
31. Note that all the indicative options packages may require legislative change and/or new funding or re-prioritisation of baselines and/or some level of structural integration. The nature and scale of this would vary, however, and would be worked up as the options are developed.

### **Scope decisions will be required as work on the Crown response expands to address more of the Royal Commission's recommendations**

32. In April 2025, Crown Response Ministers agreed to determine populations/settings in scope of each proposal or response on a case-by-case basis [Report CRACI 25/019 refers]. This is because the scope of the populations covered by the recommendations varies considerably and it may not be practical for it to always be determined by the Royal Commission's definition of 'in care'.
33. Proposals on responses to specific recommendations will, therefore, include advice on the population or setting each proposal applies to. This may involve narrowing or widening the scope used by the Royal Commission. For example, we may want to align some standards and/or regulations for some of the aged care workforce with those for some of the DSS workforce - where it makes sense. Likewise, it may not make sense to include a highly

professionalised setting such as compulsory psychiatric care, or a lower-risk one such as day schools, if the proposal being presented is not relevant to that setting.

34. When preparing advice on which services or settings should be in scope of different initiatives, officials will consider criteria related to risk/vulnerability, cost effectiveness, feasibility and practicality, and the role of the State (i.e.: whether the State is meaningfully accountable). The factors related to risk/vulnerability will include: the visibility of the service and the person in the service, the degree of autonomy (or choice) the person has (power imbalances, use of restraint) and the length of time a person spends in the setting or service.
35. A range of potential areas that might be added to, or removed from, the Royal Commission's terms of reference scope for responses to specific recommendations depending on the factors described in paragraph 32 are illustrated in Appendix Four.

### **Next steps**

36. If you agree, the Crown Response Office will continue to work with Crown Response Agencies to work up the detail of options 2, 3 and 4 and develop more detailed options and advice for care Ministers by early October.

Proactive release - open and transparent government

## Appendix One: Functional Analysis - Emerging Insights

Agencies have completed a review of gaps against the 18 functions the Royal Commission recommended be brought together in a Care Safe Agency. There are some significant gaps, but most of these functions are currently performed by a range of entities (we estimate that up to 20 entities have functions included in the scope of recommendation 41). They are part of wider health, education and social development systems that have evolved to serve distinct populations and therefore have varied issues and requirements.

Overall gaps in the system are:

- absence of overarching principles to apply across the care system;
- gaps in data and information on abuse and neglect, apart from the Oranga Tamariki system, which hide the level of abuse occurring - particularly for vulnerable adults;
- weak safeguards for vulnerable adults, especially in the Disability Supports Services system; and
- incomplete safeguards against abuse and neglect in the education system.

Under the three functional areas, the largest gaps are in leadership to prevent and respond to abuse and neglect. As a result:

- advice to Government on responding to and preventing abuse can be ad-hoc and reactive;
- a clear focus from strategic planning to ongoing improvements to services is missing; and
- investment in awareness, education and prevention activities has been limited, aside from in Oranga Tamariki and aged care.

Some gaps in the standards and workforce areas result from a reliance on contract monitoring rather than formal certification for some care settings. Inconsistent vetting practices and workforce development approaches may compromise workforce safety.

Monitoring regimes often lack the full range of enforcement powers, in particular to impose penalties and sanctions for breaches of standards.

Complaints processes can be inaccessible for people in care and their advocates, do not provide comprehensive coverage, and can be hard to navigate.

Recording and publication of data on complaints, findings and incidents is inconsistent or lacking in some parts of the system.

# FROM ROYAL COMMISSION FINDINGS TO STRATEGIC OBJECTIVES

## RISK FACTORS

Identified by the Royal Commission

-  Isolation from whānau, communities and advocates
-  Inadequate care standards, dehumanisation of people in care
-  Government Agencies had multiple conflicting roles
-  Complaint processes absent or easily undermined
-  Monitoring and oversight was ineffective or absent
-  Limited accountability for perpetrators or senior leaders
-  Poor employment policies and practices
-  System wasn't responsive to Māori needs and Te Tiriti rights were not upheld

## KEY SHIFTS

From the Evolving Care Narrative

-  Big, isolated institutions have closed; shift towards more decentralised, community-based, models and greater whānau involvement
-  Increased standards and regulation; Models of care are more rights-oriented, codes of rights in most settings: Improved attitudes to people in care (disabled, mental ill-health)
-  Concentrations of power reduced in some sectors e.g.: separating policy, funding and monitoring; Many previous gaps in functions have been filled
-  Formal complaints processes – both independent and internal – have been set up for all services
-  Many monitoring and oversight bodies have been set up in the later inquiry period or since (e.g.: Ombudsman, Children's Commissioner, ICM)
-  Requirements in place now for criminal offending to be reported to Police
-  Children's worker vetting regime is in place  
Registration of core workforces (social workers, teachers, nurses) has been expanded
-  Several Māori and Iwi-led services have been set up. Māori staff numbers have increased. Cultural competency is now a routine part of staff training and educational requirements. Māori Advisory Groups sit in most agencies

## OUTSTANDING ISSUES

Insights from Current State Analysis

-  It is not always possible for people in care to stay close to whanau or communities (for safety or availability of specialist services) - further work is needed
-  Limited independent advocacy
-  Some settings lack full regulatory standard setting systems (e.g. DSS)
-  Expectations outside the norm are still unclear and things can breakdown (e.g. pandemics)
-  Abuse still occurs in residences and communities; peer on peer abuse is high
-  New Zealand's care system is more fragmented than overseas
-  Gaps and overlaps continue for some functions
-  Accessibility, ambiguity, overlaps and timeliness of complaints processes are issues
-  Complaints processes may not be trusted
-  Poor recording and reporting of complaints data across some sectors
-  Gaps in monitoring and oversight in some sectors (e.g. DSS) while in others heavy monitoring has limited impacts (i.e. agencies don't have capacity to act on issues raised and monitors lack enforcement power)
-  Data collection and availability gaps remain
-  Unclear system accountabilities for abuse and neglect
-  Accountabilities may not be strong enough (incl. middle and senior management) – as they mainly focus on health and safety
-  Complex interplay between safety objectives and employment law
-  Gaps in vetting and registration (volunteers, adult services, unregulated workforce) and practice gaps in core workforce
-  Insufficient supervision, training, and staffing ratios
-  No system-level workforce responsibility or strategic thinking
-  Māori continue to be disproportionately affected by abuse and neglect
-  Iwi and Māori-led services are not sufficient to meet the demand
-  Cultural competency and safety remain ongoing training issues

## OUR STRATEGIC OBJECTIVES

- 1** Strengthen standards and safeguards
- 2** Improve system cohesion
- 3** Strengthen accountability
- 4** Build a capable safe workforce
- 5** Strengthen monitoring and oversight
- 6** Strengthen complaint functions

**Our Goal is to make the Care System safe**

# OUR STRATEGIC OBJECTIVES FOR A SAFE CARE SYSTEM - UNPACKED



People in care are at the centre

“People in care are protected by multiple layers of preventative safeguards that they helped design”

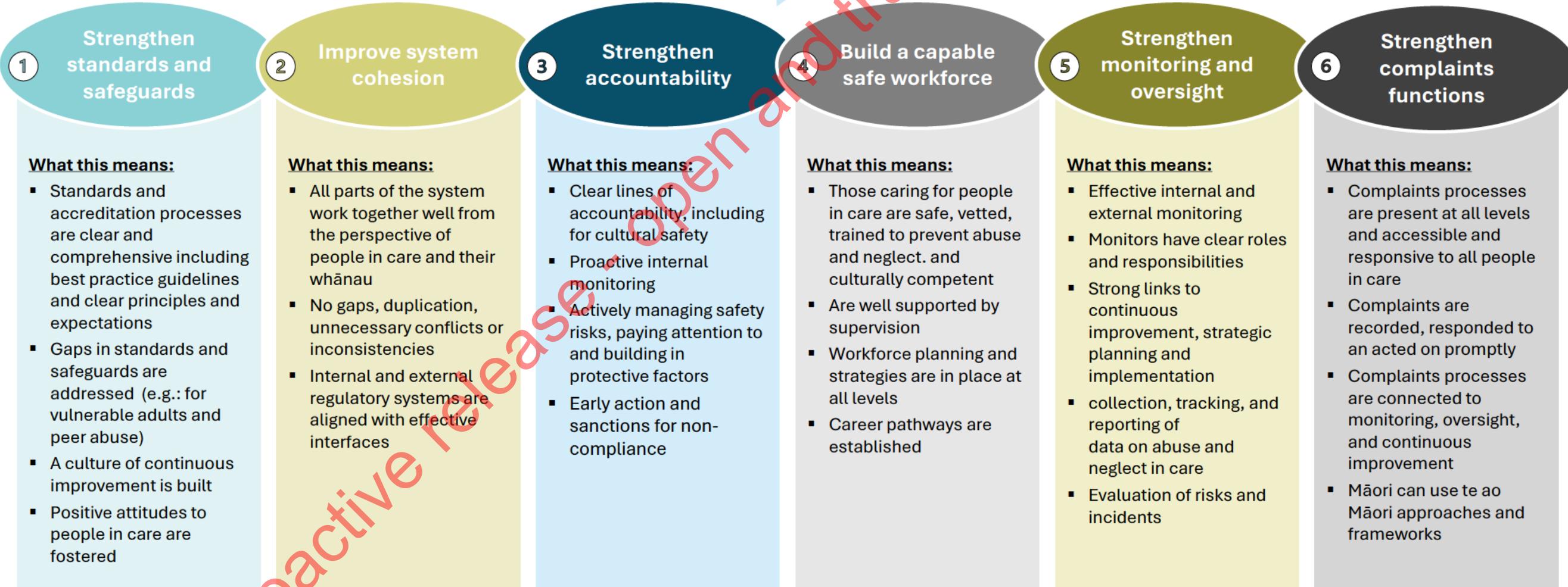
“People in care and those who support them can navigate the system easily”

“Everyone can see how we’re tracking in making care safe”

“People in care can see that people in organisations are held accountable”

“People in care are safe with those who care for them”

“Anyone can make a complaint easily, without fear, and can see that appropriate action is taken”



# CARE SYSTEM LEADERSHIP – Indicative Summary Options Packages & Indicative Evaluation

Lowest

SCALE OF CHANGE

Highest

We recommend taking these options forward for further analysis

## WHAT IT WOULD LOOK LIKE OVERALL



### System Leadership

**OPTION 1**

**STATUS QUO**

- No structural changes
- Agencies maintain largely separate functions and operations
- Budget 25; other response initiatives; continuous improvement to plug gaps

**STAND ALONE OPTION**

- Existing cross-agency mechanisms (e.g. CE / Ministerial groups).
- Strategy, research, advice to Ministers all done in separate agencies with existing cooperation.
- Agencies hold own relationships with stakeholders including with Iwi & Māori.

- Standards & workforce developed to meet sector specific needs as per current frameworks.
- Build workforce capability, improve vetting/safety checks, ensure abuse is reported across sectors (B25 fund).

- Increase independent statutory roles in compulsory mental health care (B25).
- Additional audits for DSS providers and improving systems to manage critical incidents / complaints (B25).
- Improve monitoring, assurance and accountability in OT (B25)
- Dashboard reporting to Ministers.

**OPTION 2**

**FILL GAPS AND MATURE EXISTING CORE FUNCTIONS**

- Foundational changes (“getting the basics right”)
- Fill key gaps in, and mature, core functions across the care system
- Strengthen existing cross-agency care system leadership & cooperation

**WOULD BUILD ON OPTION 1**

- May include new governance arrangements and common principles across the system. Work programmes, strategies, action plans reporting, working collaboratively with key stakeholders including communities. Iwi and Māori would continue to be sector specific and aligned as required.

Strengthen:

- care safety standards (e.g. for DSS and other known gaps).
- worker safety mechanisms (for vulnerable adults).
- advocacy for those without family or other support.
- continuous improvement in sectors.

- Strengthen complaints processes (especially for vulnerable adults).
- Further strengthen monitoring where there are gaps.
- Ensure data on abuse and neglect in care is collected across all settings (especially education & DSS).
- Investigate new sanctions in all settings.

**OPTION 3**

**INCREMENTAL ACTIONS TO IMPROVE ALIGNMENT**

- Further alignment within existing system settings and structures
- Such as, new governance mechanisms, new strategies and action plans

**BUILD ON OPTIONS 1 + 2**

- Cabinet Mandated Care System Board or similar (e.g.: IEB) reporting to a responsible Minister and overseeing common principles, strategies, action plans.
- Agencies provide joined-up advice to Ministers.
- Agencies join up to build strategic relationships with Iwi and Māori.

- Align standards, service expectations, workforce vetting and training.
- May include: universal baseline service expectations; joined up workforce planning; replicating best practice; & cooperation on continuous improvement.

- A common data & reporting framework with consistent data standards: common coding, comprehensive collection of abuse data, and joint public reporting.

**OPTION 4**

**NATIONAL REGULATORY FRAMEWORK – TOP DOWN**

- A national care safety regulatory framework to ensure key functions are in place across care settings
- Sectors mainly work individually; some integration / common front doors; Care Safety Act with principles and powers to monitor & enforce

**BUILD ON OPTION 1**

- A legislated and monitored National Care Safety framework (may include principles, strategies, action plans, joint monitoring, common complaints, reporting etc.).
- Some functions may be integrated where it significantly improves performance.
- Multi-sector prevention work (including work with communities, Iwi, and Māori.).

- A common approach to setting standards and service expectations, including best practice and continuous improvement.
- Penalties and sanctions including workforce-related sanctions.

- Expand functions of monitors incl. sanctions for non-compliance.
- Consider consolidating some monitoring and accreditation functions. A function to gather system insights from complaint, audit, and monitoring activities – could be based in a care agency or a different agency e.g.: SIA.

**OPTION 5**

**A FULLY INTEGRATED CARE SAFE AGENCY ACROSS ALL FUNCTIONS AND SETTINGS**

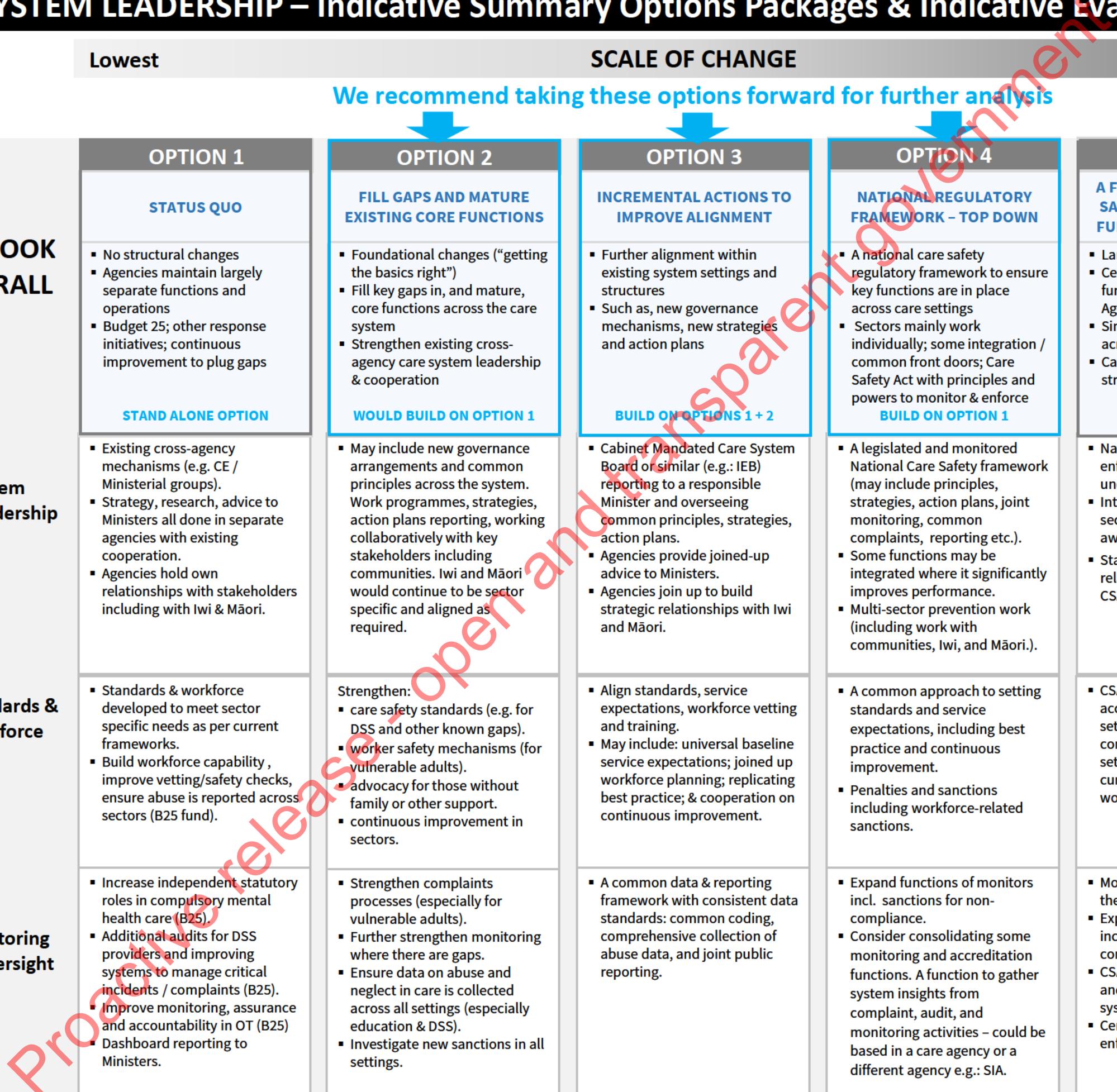
- Large scale structural change
- Centralisation of all 18 functions into a Care Safe Agency (CSA).
- Single regulatory framework across all care settings.
- Care Safety Act with supporting strategies and plans.

**STAND ALONE OPTION**

- National regulatory framework enforced by a Care Safe Agency under a Care Safety Act.
- Integrated leadership across sectors, prevention and public awareness sit in the CSA.
- Stakeholder and Iwi and Māori relationships led out of the CSA.

- CSA is responsible for accreditation and vetting; rule setting and enforcement; continuous improvement; setting training standards and curriculum; implementing B25 workforce investment.

- Monitoring functions move into the CSA.
- Expanded monitoring, including sanctions for non-compliance.
- CSA collects and publishes data and insights, monitors cross system.
- Centralised complaints & new enforcement function.



# APPROACH TO SCOPE FOR OPTIONS DEVELOPMENT

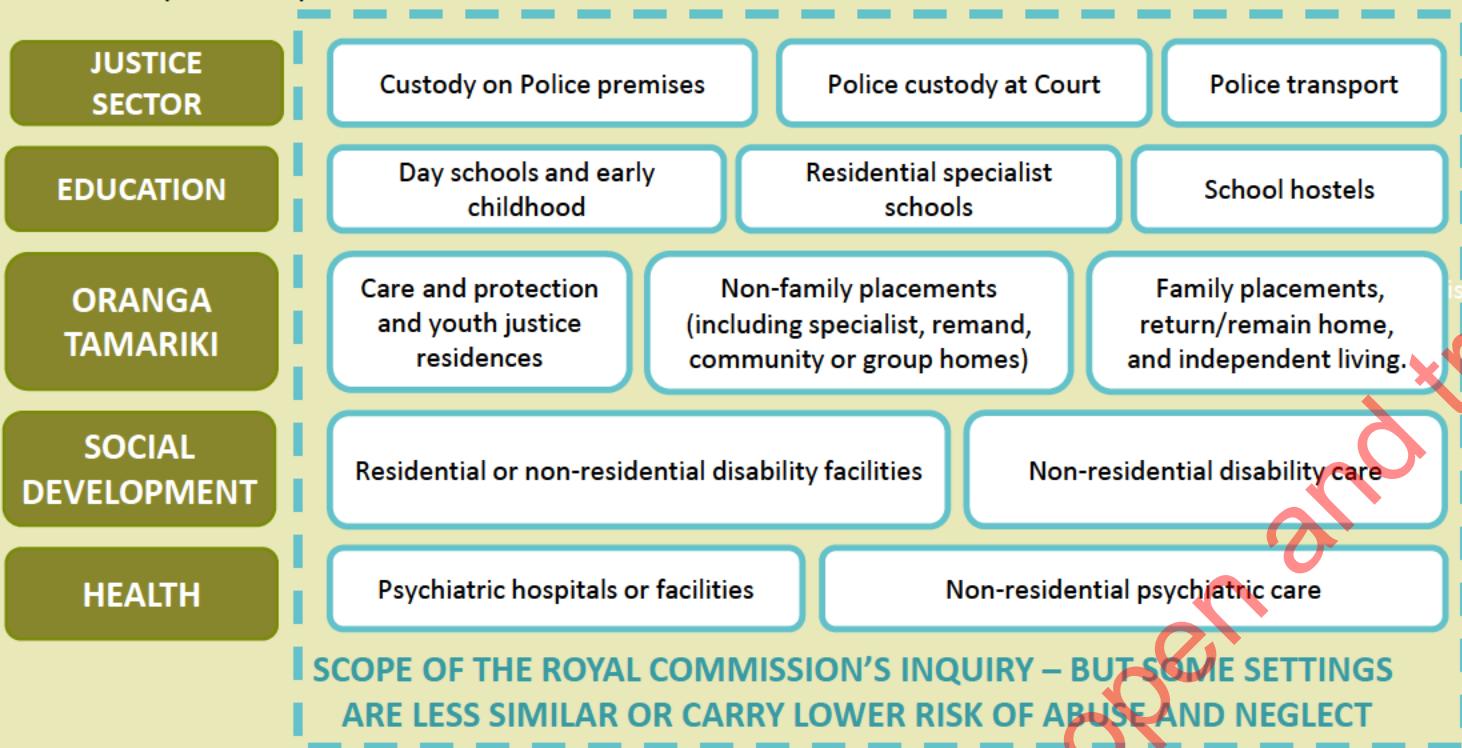
Ministers have agreed to determine the scope of care settings and services on a case-by-case basis

## We will consider risk factors and practical factors when making scope decisions

- The visibility of the service and the person receiving the service
- The vulnerability of the person and their risk of abuse and neglect
- Whether the state is accountable to a meaningful extent
- The level of autonomy the person receiving the service has
- The length of time the person is in a setting/service for
- The cost-effectiveness and practicality of including a service or setting

## We could both narrow or broaden the scope, depending on the recommendation or proposal

The scope outlined here will be our starting point for considering options. The scope of options may be broader or narrower than what the Royal Commission considered depending on a range of factors (e.g. what is already in place, expected benefits and costs, the appropriateness of a particular function in the setting). Future advice will seek your agreement to the specific scope of the detailed options we provide.

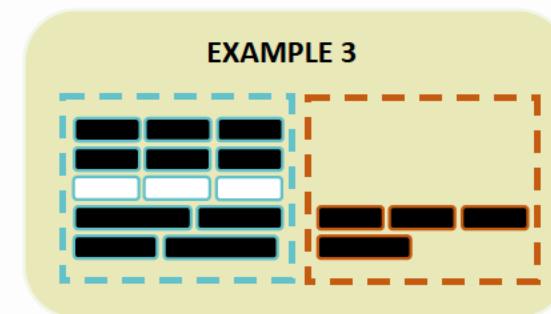
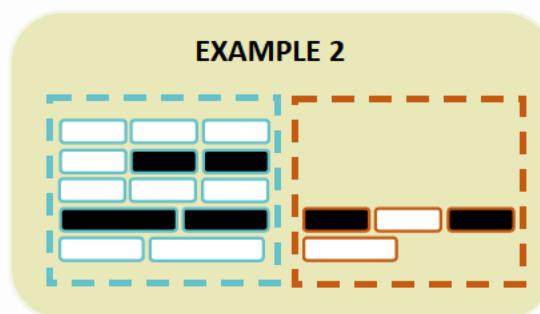
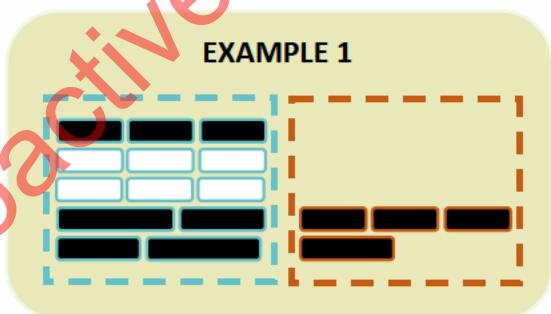
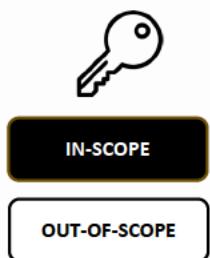


## Additional settings share similarities with those that were in scope for the Royal Commission

- Out of School Care and Recreation has similarities with schools
- Aged Residential Care has similarities to psychiatric hospitals and facilities, or disability facilities/care
- Funded residential services used by children and young people has similarities to school hostels
- Paid family carers and self-directed budgets for disabled people has similarities to other forms of non-residential disability care

## Here are some indicative examples for the types of scope decisions we could make

Reflecting the potential for both narrower and broader scopes than what the Royal Commission considered depending on the function being considered





## Briefing

### Item 3: High-level options to strengthen responses to claims by wider- and non-State care institutions

**For:** Multi-Ministers – Crown Response to the Abuse in Care Inquiry

**Security level:**

**Meeting Date:** 11 August 2025, 5:30pm

**Tracking No:** CRACI 25/072

#### Purpose

1. This paper seeks direction from Crown Response Ministers on the priority and sequencing of further policy advice on strengthening responses to claims by wider- and non-State care institutions.

#### Recommendations

2. It is recommended that you:
  - a. **agree** the following parameters for policy options on strengthening responses to claims by wider- and non-State care institutions:
    - i. options must build from decisions Cabinet has already taken on redress for the core State;
    - ii. options must have a limited and manageable impact on current core State redress development and delivery;
    - iii. options will be designed to ensure that non-State entities carry their weight financially; and
    - iv. engagement with wider/non-State entities will not include co-design for high level policy decisions, but co-design could be included in specific aspects of detailed design and implementation, if appropriate;
  - b. **agree** the following high-level phasing for the development and implementation of policy options, as set out in Appendix Three:
    - i. *Phase One*– options that can be implemented without legislative change or major system re-design, with implementation likely to start in the current financial year; and
    - ii. *Phase Two*– options that may require legislative amendments and/or major system changes;
  - c. **agree** Phase One will consider the following policy options:
    - i. *lift accessibility and transparency*, through options such as system navigation for survivors, publishing information about wider- and non-State claims processes, and channels for public data reporting;

- ii. *support consistent practice*, through options such as guidance and support for organisations, and voluntary standards;
  - iii. *drive consistent practice across the wider public sector* (specifically State school Boards and Health New Zealand), *without* legislative change; and
  - iv. *deliver segments of wider- and non-State redress through the State redress system* – options that do not involve major system change;
- d. **agree** Phase Two will consider the following policy options:
- i. *drive consistent practice across the wider public sector* (specifically State school Boards and Health New Zealand), *with* legislative change;
  - ii. *drive consistent practice* among non-State organisations, through measures such as financial or regulatory incentives;
  - iii. *deliver segments of wider- and non-State redress through the State redress system* – options that would require major system change; and
  - iv. *establish a single redress scheme* for all abuse and neglect in care;
- e. **agree** officials will engage with external stakeholders on high-level options within the Phase One scope;
- f. **agree** that the Crown Response Office will provide redress Ministers with a detailed Phase One wider- and non-State scope and workplan by October 2025, with choices on pace and prioritisation; and
- g. **agree** that the Phase One detailed scope and workplan will be provided to Cabinet by November 2025.



Rajesh Chhana  
**Chief Executive, Crown Response Office**  
**Crown Response to the Abuse in Care**  
**Inquiry**

Hon Erica Stanford  
**Lead Coordination Minister for the Crown**  
**Response to the Royal Commission's Report**  
**into Historical Abuse in State Care and in the**  
**Care of Faith-based Institutions**

06 /08 /2025

/ /

## Background

### *Royal Commission recommendations*

3. The Royal Commission's recommendations in *He Purapura Ora, he Māra Tipu: From Redress to Pūretumu Torowhānu* included incorporating faith-based institutions and other non-State care providers in the Royal Commission's proposed redress scheme, initially voluntarily, before considering options to encourage or compel participation.<sup>1</sup>

### *Cabinet decisions*

4. Cabinet has previously agreed redress policy objectives [CBC-24-MIN-0050 refers], an approach and functions for redress by the core State, and to hold to an independent review by October 2027 on the impact of these redress changes, with Cabinet to set terms of reference by March 2027 [SOU-MIN-25-0039 refers].
5. When making decisions on core State redress, Cabinet invited the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Lead Coordination Minister) to report back to Cabinet Social Outcomes Committee (SOU) in late 2025 [SOU-MIN-25-0039 refers] on coverage and funding mechanisms for redress claims managed by:
  - a. non-State care providers (where a faith-based or private secular care organisation assumed responsibility for the safety and wellbeing of a child, young person, or vulnerable adult); and
  - b. school Boards and Health New Zealand.
6. 9(2)(f)(iv) 
7. Appendix One summarises relevant Cabinet decisions.

### **Four key sectors and different levels of connection with the State**

8. The management of claims relating to abuse in care by wider- and non-State redress institutions is more varied and complex than core State redress. It includes a larger number of entities, with variation in their purpose, funding models, and the levels of information currently available on past and current redress activity.
9. Beyond the core public service, there are four key sectors that had care responsibilities:
  - a. education;
  - b. health;
  - c. non-government organisations (NGOs); and
  - d. faith-based entities.
10. Some organisations fall into more than one of these sectors (e.g. faith-based schools), and how redress is provided depends on their legal status and relationship with the Crown (e.g. State schools that have closed return their liabilities to the Crown).

<sup>1</sup> *He Purapura Ora, he Māra Tipu: From Redress to Pūretumu Torowhānu*, Recommendation 21, page 285.

<sup>2</sup> 9(2)(f)(iv) 

11. When wider- and non-State institutions receive claims relating to abuse in care, they can choose a range of approaches, including alternative dispute resolution with full and final settlements, delivering services without requiring a settlement, or contesting a claim through the courts. Unlike the Crown, they are not bound by the approach in the Crown Resolution Strategy [SWC-19-MIN-0193 refers].
12. Appendix Two provides the problem definition on responses to abuse and neglect claims in each of these sectors.

### **Proposed sequencing of advice and implementation**

13. We recommend that advice on strengthening responses to claims by wider- and non-State care institutions is phased as follows:
  - a. *Phase One*— options that do not require legislative amendments or major system changes <sup>9(2)(f)(iv)</sup>  

  - b. *Phase Two*— options that require legislative amendments or major system changes.
14. The proposed phasing and associated options are set out in Appendix Three.
15. This phasing reflects that interventions requiring legislative change would be unlikely to come into effect before 2027, even if policy work progresses now. Focusing Phase One on interventions that can be delivered without legislative amendment means that changes can be delivered earlier.
16. While some Phase One options are complex and will require significant policy consideration and operational design, we anticipate that implementation will be able to start for some elements within the current financial year (to June 2026). Where proposals cannot be delivered from within existing funding, delivery would be dependent on Budget decisions.
17. Delivering Phase One interventions will test the need for more major system changes, while enabling decisions on longer-term options to be informed by the 2027 review of redress changes.
18. Phasing is further informed by cost implications, with the options to be considered for Phase Two likely to have greater cost impacts.
19. We propose that you agree the following design parameters for developing policy options:
  - a. options must build from decisions Cabinet has already taken on redress for the core State;
  - b. options must have a limited and manageable impact on current core State redress development and delivery;
  - c. options will be designed to ensure that non-State entities carry their weight financially; and
  - d. engagement with wider/non-State will not include co-design for high level policy decisions, but co-design could be included in specific aspects of detailed design and implementation, if appropriate.

## Proposed options for Phase One and Phase Two consideration

20. We propose that Phase One would consider the following high-level options:
- lift accessibility and transparency*, through options such as system navigation for survivors, publishing information about wider-and non-State claims processes, and channels for public data reporting;
  - support consistent practice*, through options such as guidance and support for organisations, and voluntary standards;
  - drive consistent practice across the wider public sector* (specifically State school Boards and Health New Zealand), **without** legislative change; and
  - deliver segments of wider and non-State redress through the State redress system*. options that **do not require** major system change;
21. There will be significant, detailed choices within these high-level options, and these detailed choices are likely to vary between different sectors. If you agree to the proposed phasing and scope, agencies will provide further advice on more detailed policy options, including the number of survivors affected, and cost implications.
22. 9(2)(f)(iv)
23. Phase Two would consider the following high-level options:
- drive consistent practice across the wider public sector* (specifically State school Boards and Health New Zealand), **with** legislative change;
  - drive consistent practice among non-State organisations*, through measures such as financial or regulatory incentives;
  - deliver segments of wider and non-State redress through the State redress system* - options that **do require** major system change; and
  - establish a single redress scheme* for all abuse and neglect in care.
24. The Phase Two options would require legislative change and/or have major system implications. The option of a single combined redress system also goes beyond the scope of previous Cabinet decisions for State redress, which are to improve redress by building on the existing system.

## Proposed external engagement

25. We recommend that you agree to agency engagement with external stakeholders on the high-level options proposed for Phase One consideration. This will include testing the range of options with them and hearing their views on areas of concern and opportunity. Officials will brief Ministers on more detailed policy options following external engagement.
26. The key stakeholders will include:
- faith-based survivor advocates and groups such as the Network for Survivors of Abuse in faith-based institutions, and Survivors Network of those Abuse by Priests (SNAP);

- b. advocacy groups for care-experienced people such as VOYCE / Whakarongo Mai and other relevant sector groups like Carers New Zealand;
  - c. key sector organisations like the New Zealand School Boards Association, the Secondary Principals Association of New Zealand, New Zealand Principals Federation and regional primary principals' associations;
  - d. NGO care providers like Barnados and the Open Home Foundation; and
  - e. monitoring and complaints bodies like the Ombudsman and the Health and Disability Commissioner.
27. For NGOs and faith-based organisations, Phase One will focus on options for transparency, guidance, and voluntary co-operation. Officials will engage with non-State organisations on different opportunities within this scope to strengthen responses for survivors.

### **Proposed next steps**

28. Following Crown Response Ministers' decisions on redress implementation and wider- and non-State high-level scope, officials will prepare a detailed Phase One wider- and non-State scope and workplan, for redress Ministers' consideration in October 2025.
29. This will take account of interactions with State redress implementation, including resourcing implications and stakeholder management, and provide options around pace and prioritisation.
30. The Crown Response Office will then draft a Cabinet paper with the scope and indicative workplan, <sup>9(2)(f)(iv)</sup> [REDACTED], for lodgement by November 2025. The final workplan for Phase One will be confirmed following Budget 2026.

### **Appendices**

**Appendix One:** Previous Cabinet decisions

**Appendix Two:** Problem definition for each sector

**Appendix Three:** Recommended phasing of advice and implementation

## Appendix One: Previous Cabinet decisions

Date	Decision	Cabinet minute
4 June 2024	<p><b>Redress policy objectives</b></p> <ul style="list-style-type: none"> <li>● Deliver accountability for survivors, including apologies and financial payments that serve to acknowledge the harm survivors experienced and further obligations to prevent future abuse in care.</li> <li>● Support improved outcomes for survivors – which could, depending on a survivor’s circumstances and preference, encompass improved quality of life, and the ability to more fully participate in all aspects of community, social, cultural, and economic life.</li> <li>● Manage affordability, risks, and liability, including avoiding significant unintended consequences and helping to ensure the sustainability of redress for as long as it is needed.</li> <li>● Contribute to reducing the negative social, cultural and economic costs arising from the poor outcomes experienced by survivors as a result of the injury and trauma caused by abuse.</li> </ul>	CBC-24-MIN-0050
2 April 2025	<p><b>State redress functions</b></p> <ul style="list-style-type: none"> <li>● Provide a safe, supportive environment for survivors to share their experiences.</li> <li>● Facilitate acknowledgements and apologies for abuse in care.</li> <li>● Facilitate access to care records, support services, legal supports, and payments.</li> <li>● Share insights on systemic issues relevant to abuse in care and the harms experienced.</li> </ul>	SOU-25-MIN-0039
2 April 2025	<p><b>State redress approach</b></p> <ul style="list-style-type: none"> <li>● The process for resolving claims for abuse in care continues to be guided by the principles of the Crown Resolution Strategy, including that settlement will generally be full and final without admission of liability.</li> <li>● The purpose of payments is to acknowledge but not compensate for harm.</li> <li>● Work towards comparable settlement payments for comparable experiences, and more consistent support services, across agencies.</li> <li>● Increase the average settlement payment to \$30,000 per claim.</li> <li>● Scope and eligibility for the redress system will maintain the status quo relating to care settings, forms of abuse, duration of the redress system, claim time periods, and access by a survivor’s estate if the survivor dies after applying for redress.</li> </ul>	SOU-25-MIN-0039

Date	Decision	Cabinet minute
2 April 2025	<p><b>Report back on wider- and non-State redress</b></p> <p>The Lead Coordination Minister to report back to SOU in late 2025 on coverage and funding mechanisms for redress claims managed by:</p> <ul style="list-style-type: none"> <li>• non-State care providers (where a faith-based or private secular care organisation assumed responsibility for the safety and wellbeing of a child, young person, or vulnerable adult); and</li> <li>• school Boards and Health New Zealand.</li> </ul>	SOU-25-MIN-0039
30 June 2025	<p>9(2)(f)(iv)</p> <p>[REDACTED]</p>	CBC-25-MIN-0033
2 April 2025	<p><b>Independent review of redress</b></p> <p>An independent review be held by October 2027 on the impact of the redress changes agreed in SOU-MIN-25-0039, with Cabinet to set terms of reference by March 2027.</p>	SOU-25-MIN-0039

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## Appendix Two: Problem definition for each sector

### Education

The Ministry of Education is responsible for claims about State primary, intermediate and specialist schools from before 1989 and State schools that have since closed. All other claims are currently the responsibility of individual State school Boards and other education providers.<sup>3</sup> The distribution of responsibilities across multiple entities can be confusing and arbitrary for survivors, particularly when survivors have experienced abuse or neglect across multiple institutions or time periods, and may need to make separate claims.

The size and complexity of the education system has also contributed to variation in approaches and outcomes, and difficulty determining responsibility in some cases. There are over 2,100 State schools with rolls ranging from a small number of students to over 3,000. Some have closed, merged, re-opened or changed their status, and sometimes liability for a school's hostel differs from the school.

State schools have varying capability to respond to claims depending on their size, resources and experience, and this is likely to contribute to varying experiences and outcomes for survivors. Schools are also not subject to the Crown Resolution Strategy and there is an indication that they may take a more legalistic approach to claims.

The Ministry of Education can provide advice and support to State school Boards, but this is only when requested, and principally advises State schools to seek independent legal and insurance advice.

State schools need to meet the cost of claims from operational funding or insurance, and drawing on operational funding can impact education delivery. A major insurer recently excluded cover for legal costs for allegations of molestation. This impacts over 54% of State schools and could increase the costs met directly from schools' operational funding.

For survivors, the need to approach individual, local institutions can also add challenges. Some claimants do not wish to approach the institution where they were harmed or have their claim made known to members of their own community. Consequently, the Ministry of Education has received requests to make claims to State schools on survivors' behalf, and has provided support to these claimants.

The limited information on sector claims available to the Ministry of Education relates to State schools. The Ministry of Education will seek direction on which other education providers to include in further work, including charter schools, private schools, State integrated schools, ECE and tertiary providers. Engagement with the sector will be necessary to better understand claims managed by the sector, responses and costs.

### Health

The Ministry of Health is responsible for responding to claims for harm dating from before 1 July 1993, when there were major structural reforms of the health system. Claims relating to harm on or after 1 July 1993 are the responsibility of Health New Zealand.

There is an overall lack of clarity and transparency about Health New Zealand's position on the management of claims of abuse. Health New Zealand does not have a formal approach for managing claims of historic abuse and these have previously been dealt with on an ad-hoc basis,

<sup>3</sup> Charter schools, private schools, proprietors of State integrated school, ECE and tertiary providers.

depending on any processes that were previously in place in former District Health Boards (DHBs). This means that survivors may receive a poor experience, less access to redress, and less proactive and sometimes more legalistic responses.

A factor that exacerbates these impacts is that the people most likely to have experienced harm include patients with cognitive impairments and mental illness. These survivors are less likely to be equipped to navigate complex processes and a lack of transparency.

There is a general lack of visibility of how claims are responded to by Health New Zealand, or on the ability to progress a claim; Health New Zealand does not publish information on how to make a claim.

While Health New Zealand is now a single entity, it is also not clear that integration of the former DHBs has resulted in a consistent approach to claims across regions.

As with the scope of the Royal Commission, the scope of Health claims excludes general hospital wards and non-mental health facilities. There is at least one private mental health facility (Ashburn Hall) which the Ministry of Health understands may have been the subject of complaints. The Ministry of Health will seek direction on whether to include non-State health institutions in further work.

### **Faith-based organisations**

Faith-based organisations across New Zealand constitute a large and diverse range of institutions, from small, local organisations, to national and international organisations with a presence across many communities. The response of faith-based institutions to abuse claims is similarly variable and diverse in their maturity and scope, with different challenges in different faiths.

Survivors have previously raised concerns about responses to claims by faith-based institutions that, in some instances, are not survivor-centric and resolution-focused, including with litigious approaches, and survivors reporting a lack of support to enable them to engage with the process.

Over time, different faith-based organisations have shown different levels of willingness to acknowledge and respond to harm in their care, and there are likely to be faith-based organisations which still lack a clear approach to respond to survivors.

Some faith-based organisations have advised that they have developed redress systems in place, with tailored supports and access to payments that have generally exceeded those available from the State. However, they have advised of ongoing challenges with fewer Māori survivors than anticipated seeking redress, raising questions about accessibility.

Given the scale and variation of the faith-based sector, a range of different options will need to be considered in order to support strengthened responses to abuse claims.

### **Non-Government organisations**

NGOs providing care have often acted on behalf of the State or received State funding for their service delivery. In a context where the State held statutory custody for a child and the NGO provided for their day-to-day care, State agencies have developed some informal agreements around taking on responsibility for the resolution of elements of an abuse claim. In other contexts, NGOs have provided care independently of the State, and the liability and responsibility for a claim is with the NGO itself.

Sometimes survivors may approach a State agency in the first instance and then be referred to the NGO for all or part of their claim, which may result in a longer and more complex process for the survivor.

NGOs can have a more discrete purpose and smaller scale than government agencies or (generally) faith-based entities. This means that they often have limited assets and funding available to settle claims.

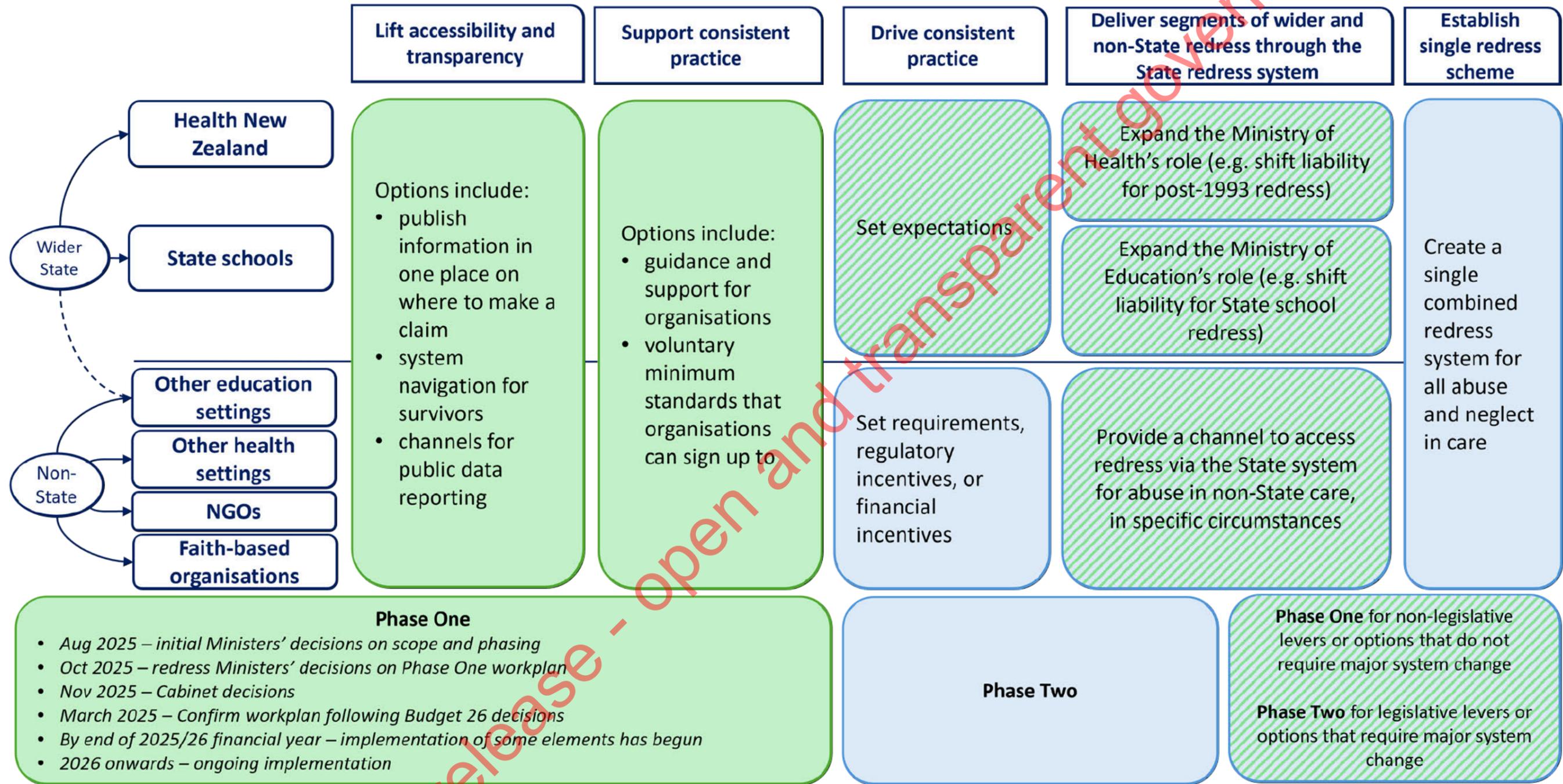
This also means that they can close down, without a remaining larger institution to take on responsibility and liability. This contrasts with the State context, where the Crown takes on liability for closed State institutions, and much of the faith-based context, where there are more likely to be large faith institutions to take on responsibility.

These challenges mean that redress may not be available for some survivors or may be available at lower levels. For example, Stand Tu Maia (which has responsibility for claims associated with health camps) and Banardos have maximum payments of \$10,000, which is significantly lower than average State redress payments, and average payments in the major faith-based redress systems.

The NGO sector is also large and diverse, meaning that responses are likely to vary between organisations. There is a challenge of how to enable or ensure strengthened responses to abuse claims, within the resource and financial constraints of many NGOs.

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Appendix Three: Recommended phasing of advice and implementation



- Notes:**
- 9(2)(f)(iv)
  - Other education settings could include some public sector organisations e.g. universities.
  - As part of Phase One, the Ministries of Education and Health will advise on whether/which other education and health settings are in scope.



# Briefing

## Delivering an enhanced redress system for survivors of abuse in State care – Redress Implementation Plan and Common Payment Framework update

<b>Date:</b>	01 August 2025	<b>Security level:</b>	
<b>Priority:</b>	High	<b>Report number:</b>	CRACI 25/083

Actions sought	
Hon Simeon Brown <b>Minister of Health</b>  Hon Erica Stanford <b>Minister of Education</b> <b>Lead Coordination Minister for the Government’s Response to the Royal Commission’s Report into Historical Abuse in State Care and in the Care of Faith-based Institutions</b>  Hon Louise Upston <b>Minister for Social Development and Employment</b>	This briefing provides you with an update on the progress of the Common Payment Framework as part of the implementation of redress improvements as agreed to by Cabinet [SOU-25-MIN-0039].

Contact for discussion			
Name	Position	Telephone	1 <sup>st</sup> contact
Rajesh Chhana	Chief Executive, Crown Response Office	9(2)(a)	
Delwyn Clement	Chief Advisor, Crown Response Office	9(2)(a)	✓

Agencies consulted
Ministry of Education, Ministry of Health, Ministry of Social Development, Oranga Tamariki, Department of Corrections (informed), Te Puni Kōkiri (informed)

**Minister’s office to complete**

- Noted
- Seen
- See Minister’s notes
- Needs change
- Overtaken by events
- Declined
- Referred to (specify)

**Comments**



# Briefing

## Delivering an enhanced redress system for survivors of abuse in State care – Redress Implementation Plan and Common Payment Framework update

**For:** Hon Simeon Brown, Minister of Health  
 Hon Erica Stanford, Minister of Education and Lead Coordination Minister for the Government’s Response to the Royal Commission’s Report into Historical Abuse in State Care and in the Care of Faith-based Institutions  
 Hon Louise Upston, Minister for Social Development and Employment<sup>1</sup>

**Date:** 01 August 2025

**Security level:**

**Priority:** High

**Report number:** CRACI 25/083

### Purpose

1. As informed in SOU-25-SUB-0039, Officials are to report back with an Implementation Plan including advice on the Common Payment Framework and a date for its introduction.
2. This briefing seeks your approval of the draft Redress Implementation Plan developed by the Crown Response Office (CRO) and redress agencies with agency-specific claims schemes (Ministry of Education (MOE), Ministry of Health (MOH), Ministry of Social Development (MSD), Oranga Tamariki (OT)) to progress development and implementation of the Common Payment Framework.
3. This briefing also provides you with an update on the work being undertaken by the CRO and redress agencies to progress development and implementation of the Common Payment Framework.

### Recommendations

4. It is recommended that you:

***Redress Implementation Plan:***

- a. **approve** the Redress Implementation Plan;

Lead Coordination Minister for the Government’s Response to the Royal Commission’s Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
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Minister of Health	Yes / No
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Minister for Social Development and Employment	Yes / No
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<sup>1</sup> Hon Karen Chhour, Minister for Children has delegated redress responsibilities from her portfolio to Hon Louise Upston, Minister for Social Development and Employment.

- b. **note** the Redress Implementation Plan aims to introduce changes for survivors as quickly as possible and adopts the approach of implementing the minimum viable product needed to effect change;
- c. **note** the Crown Response Office and redress agencies will implement a process of learning, adapting and refining identified changes over time to deliver changes that are responsive to survivor needs;
- d. **note** the Redress Implementation Plan will be publicly available;
- e. **note** that Officials will provide you with quarterly updates on progress against the Plan with the first quarterly update to be provided in October 2025;

**Common Payment Framework:**

- f. **note** that the Crown Response Office and redress agencies are currently working towards the development of a Common Payment Framework;
- g. **note** that the Crown Response Office and redress agencies with agency-specific claims schemes (Ministries of Education, Health, Social Development and Oranga Tamariki) have considered options for a Common Payment Framework and are intending to progress work on the proposed approach of a Payment Categories Framework.
- h. **forward** this briefing to the Minister of Corrections, Minister for Māori Development, and Minister of Finance;

Lead Coordination Minister for the Government’s Response to the Royal Commission’s Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

Yes / No



Rajesh Chhana  
**Chief Executive, Crown Response Office**  
**Crown Response to the Abuse in Care**  
**Inquiry**

Hon Erica Stanford  
**Lead Coordination Minister for the Crown**  
**Response to the Royal Commission’s Report**  
**into Historical Abuse in State Care and in the**  
**Care of Faith-based Institutions**  
**Minister of Education**

30/07/2025

/ /

Hon Simeon Brown  
**Minister of Health**

/ /

Hon Louise Upston  
**Minister for Social Development and  
Employment**

/ /

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## Background

1. In April 2025, the Cabinet Social Outcomes Committee (SOU) authorised the Minister of Health, the Minister of Education and Lead Coordination Minister, and the Minister for Social Development and Employment (joint Redress Ministers), in consultation with any relevant Ministers as appropriate, to take detailed design and implementation decisions within the overall approach and parameters set out in the paper under SOU-25-SUB-0039. These decisions are to be within the final Budget 2025 envelope, informed by the findings and recommendations of the Royal Commission and Redress Design Group.
2. Officials were directed to report back to joint Ministers with an implementation plan for delivering the agreed changes (see Appendix 1) and an update on the progress of the Common Payment Framework (the Framework) and its plan for introduction [SOU-25-MIN-0039 refers].
3. As part of the redress proposals, a Common Payment Framework (the Framework) is to be developed and implemented to resolve the issue that similar experiences of abuse currently receive different payment amounts based on which agency is responsible for the claim [SOU-25-MIN-0039 refers].
4. Cabinet agreed to increase the average settlement payments made by the core State redress agencies (Ministry of Social Development (MSD), Ministry of Education (MOE), Ministry of Health (MOH), and Oranga Tamariki (OT)) to \$30,000 [SOU-25-MIN-0039 refers].
5. In May 2025, as part of redress pre-Budget announcements, joint Ministers agreed to implement an interim approach to adjusting settlement payments until the Framework and updated rapid payment frameworks have been developed across redress agencies (CRACI 25/043 refers). The interim approach as well as top-up payments for closed claims are currently in place to calculate the \$30,000 average per claim across all redress agencies.
6. The Crown Response Office (CRO) and redress agencies who operate agency-specific redress claims schemes (MSD, MOE, MOH, and OT)<sup>2</sup> have collectively identified a Payment Categories Framework that can be progressed and developed into a workable Framework within the available timeframe. An alternative approach of a Points Matrix was also considered but was deemed not suitable to implement within the available timeframe.
7. As per the Redress Implementation Plan milestones in Quarter 2 2025/26 (by end of December 2025), Officials will provide you with an update on the progress of the Plan and further advice to seek your approval on the finalised Framework ahead of its implementation (see Appendix 1).

## Approach to developing the Redress Implementation Plan

8. The CRO and redress agencies (MSD, MOH, MOE, OT, Department of Corrections (Corrections) and Te Puni Kōkiri (TPK)) have worked together to develop the attached Plan

<sup>2</sup> Department of Corrections and Te Puni Kōkiri currently receive claims but do not have an agency-specific redress scheme. Decisions are yet to be made as to how these claims will be integrated into redress improvements.

to deliver an enhanced redress system for survivors of abuse in State care (see Appendix 1).

9. The Plan has been developed based on the assumptions that the majority of redress improvements agreed to by Cabinet [SOU-25-SUB-0039 refers] will be implemented within the Financial Year 25/26 and that the Common Payment Framework will be implemented by the end of this calendar year.
10. It has been developed with a key focus on balancing delivery for survivors alongside the resourcing requirements needed to support implementation of the Plan whilst continuing to resolve claims. Initiatives have been phased by considering the dependencies between initiatives and what needs to be in place to support implementation of the larger system changes such as the introduction of an integrated redress operating model and single-entry point. Where possible, the Plan aims to spread implementation of the deliverables across the financial year to manage resourcing and delivery risks.
11. The Plan aims to introduce changes for survivors as quickly as possible and adopts the approach of initially implementing the minimum viable product needed to effect change. This ensures the approach is responsive to survivor needs and gathers data and feedback to understand the impact of the changes. This supports a process of learning, adapting and refining over time.

### **The Redress Implementation Plan will be publicly available**

12. Upon your approval, it is proposed that the final Plan will be published on the Crown Response Office website, so that key stakeholders and survivors understand when changes will be implemented. Regular updates and ongoing reporting against the Plan will enable survivors to understand the progress made.
13. Work is underway to develop a visual identity, brand guidelines and website to support the implementation of a single point of entry and integrated operating model and provide information about the Government's redress improvements. The proposed name for the new system is State Redress New Zealand. Once set up the Plan and reporting against it will be published on this site, once it is established.

### **CRO and redress agencies are working collectively to develop the Common Payment Framework**

14. Prior to the interim approach to adjusting settlement payments, the average payment per claim of \$19,180 was primarily due to lower payments made by MOH/Crown Health Financing Agency<sup>3</sup> compared to MOE, MSD and OT.
15. The Framework will ensure that payments are equitable across redress agencies and lift payments to an average payment per claim of \$30,000. As agreed by Cabinet, the Framework is expected to have more clearly defined steps or levels which enable a survivor

<sup>3</sup> The Crown Health Financing Agency (CHFA) was a Crown Entity whose functions included administering funding and advising the then Minister of Health, which included being responsible for settling claims of abuse in state-run psychiatric facilities and psychopaedic hospitals before 1993. This function was then absorbed by the Ministry of Health once CHFA was disestablished in 2012.

to understand how their experience relates to the financial redress they have been offered [SOU-25-SUB-0039 refers].

16. At the same time, the Framework needs to have sufficient flexibility so it can be useful in the context of complex abuse in care claims, across multiple redress agencies, care settings, and forms of abuse.
17. The Framework is proposed to be the overarching payment framework for redress agencies to use when settling claims and other frameworks such as individual agency's rapid payments schemes will be adjusted to align with the Framework.

*Key principles to support the design and development of the Common Payment Framework*

18. CRO and redress agencies are considering the following key principles when designing and developing the Framework:
  - a. the Framework will be designed to look at survivor's total care experience to determine a recommended settlement payment that is reflective of the severity and frequency of their abuse and align with payments that would be made for other claims with similar types of experiences;
  - b. payments are not compensation and do not acknowledge the consequential harm of the abuse experienced<sup>4</sup>;
  - c. the Framework will consider the nature of a person's experience rather than the number of allegations an individual submits within their claim. (i.e. a person that makes a high number of allegations will not necessarily receive a higher settlement offer than a person who made a lower number of allegations);
  - d. the average payment across redress agencies will be \$30,000<sup>5</sup>; and
  - e. the Framework and supporting guidance will have clearly defined levels that will assist survivors in understanding how their experience relates to the financial redress payment they have been offered.
19. The Framework will be tested as it is developed against these key principles to ensure the Framework works as intended.

**Multiple approaches were analysed, two approaches were considered, and one approach has been selected to progress the Common Payment Framework**

20. CRO and redress agencies with agency-specific claims schemes have explored multiple framework models to identify which approaches could potentially be adapted and implemented across all redress agencies.
21. Various sources have been considered in developing Framework options, including redress agencies' existing frameworks, the Royal Commission's recommendations in *He Purapura Ora, he Māra Tipu* (He Purapura Ora), the Design Group High-Level Design Proposals –

<sup>4</sup> This principle was agreed to by Cabinet as part of the approach and parameters for delivering enhanced redress to survivors of abuse in State care [SOU-25-SUB-0039 refers].

<sup>5</sup> As above, at 4.

*Pūtahi te mauri, he wai ora e* (Design Group’s Proposals) and international redress scheme frameworks.

22. After identifying multiple approaches, the following two approaches were further considered in detail:
  - a. a payment categories framework; and
  - b. a points matrix.
23. After further consideration, the approach of a payments categories framework has been proposed as the most suitable approach to be progressed, developed and implemented across all redress agencies within a reasonable timeframe. The points matrix approach will not be progressed.

*Proposed approach: The Common Payment Framework will consist of payment categories, similar to the current approach of redress agencies claims schemes frameworks*

24. CRO and redress agencies explored the possibility of adapting the current state payment categories frameworks specific to each agency and generate one common payment framework that incorporates abuse types from all agencies.
25. This improved framework will have fewer categories, clear payment steps within categories, with common understandings of definitions and more clearly defined explanations to create better distinctions between and within categories. Consideration will also be given to how the framework can be presented in a way that can be easily understood by survivors. See Appendix 2 for an early draft of a potential Payments Categories Framework.
26. When analysing the potential approaches, the Payment Categories Framework approach is the most similar to the payment framework recommended in the Design Group’s Proposals. The Design Group proposed a payment categories framework with six levels ascending from less serious abuse to cases that had extraordinary severity.
27. The following table explains potential advantages and disadvantages to this approach:

Advantages	Disadvantages
Clear category descriptors that are aligned, consistent and representative of all claims contexts. This will provide an improved clarity for all survivors, and they should be able to see where their experience fits within the payment categories.	As this option is similar to the payment frameworks that currently exist, it may be criticised by the public that redress agencies are not generating anything different to the current state.
Descriptors are potentially more personal to a survivor than an individual score obtained by a points matrix.	Payment categories may not be as flexible to recognise more complex situations or situations unique to an agency. However, this could be mitigated by the option of having discretionary/additional payments which are outside of the Framework.

As this approach is nearest to existing frameworks used by redress agencies, it would be the quickest to test and implement.	The wording in the category descriptors could be seen as complex. However, wording will continue to be refined.
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*Alternative approach that was considered and is not being progressed: Points Matrix*

28. The alternative approach considered was a points matrix. Here a survivor’s experience would be allocated points based on individual factors, such as the severity and frequency of the abuse, compounding factors (such as the duration of abusive care), and any aggravating factors. Points would be allocated to each factor based on severity. The total points for a survivor’s experience would correspond to a payment level. See Appendix 3 for a visual representation of a potential draft Points Matrix.
29. This would be a new approach compared to any existing frameworks currently used by redress agencies. It draws from overseas models. Points-based frameworks have been used by international redress schemes in Australia (Western Australia and Queensland), Canada and the Republic of Ireland.
30. As this is a new approach, it would require CRO and redress agencies to implement more complex testing which would require adequate timeframes and dedicated resourcing with relevant expertise to execute well. While this approach has some advantages, such as being clear, transparent and relatively simple to understand and use, it also has disadvantages and, on balance, CRO and redress agencies do not intend to progress this approach.
31. With the additional testing required, it is not clear whether this new approach would be ready for implementation in 2025.

**Key activities and considerations that need to be explored before the Common Payment Framework is ready to be implemented**

32. To develop the proposed approach into a workable Framework, the following activities and considerations need to be progressed:
  - a. **shared definitions:** definitions will be developed including ensuring they cover abuse types that relate to all agencies;
  - b. **testing and assurance processes:** each agency will process a number of closed claims against the draft Framework to ensure it works as intended;
  - c. **consideration of specific agency payments:** some agencies have specific additional payments which may need to be incorporated into the Framework. For example, MSD has additional payments for Inappropriate Detention and potential breaches under the New Zealand Bill of Rights Act 1990 (BORA);
  - d. **amending rapid payment frameworks:** current rapid payment frameworks operated by the Ministries of Social Development and Education will be updated to reflect increased payments and the approach of the Framework;

- e. **removal of practice failures work:** as proposed in SOU-25-SUB-0039, removing the requirement for MSD and MOE to respond to allegations of practice failures that do not link to allegations of abuse will increase staff capacity to complete more assessments. Timing of this work will be aligned with implementation of the Framework;
- f. **consideration of discretionary payments:** such as payments for very serious claims of abuse that may need to sit outside the Framework; and
- g. **development and implementation of guidance:** communications approach and guidance for staff, updated communications for survivors (including settlement letters), stakeholder engagements, etc.

### **Next steps**

- 33. CRO and redress agencies will continue to work collectively to deliver the changes outlined in the Redress Implementation Plan.
- 34. CRO and redress agencies will continue to work collectively to progress the development of the proposed approach to the Framework and ensure all necessary processes and resources are in place to progress, resource, test and implement the Framework.
- 35. CRO and redress agencies will ensure that the development of the Framework will align with the Redress Implementation Plan.
- 36. Officials will provide you with further advice to seek your approval on the finalised Framework ahead of implementation as per the Redress Implementation plan milestones in Quarter 2 2025/26 (by end of December 2025).
- 37. As previously advised in CRACI 25/038 and indicated in the Crown Response Plan regarding recommendation 43 of He Purapura Ora, further consideration is needed to decide whether payments should potentially be adjusted for inflation. In parallel to the development of the Framework, further advice on this matter will be provided to joint Ministers as this will have fiscal implications.

**Appendix 1: Redress Implementation Plan (draft)**

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**Appendix 2: Proposed Option for Common Payment Framework – Payment Categories (draft)**

Redress Category	Characteristics of in care experience	Payment Amount
<b>Category 1</b> Less Severe  (\$7,500 to \$20,000)	Low level abuse/neglect by non-state carers over a period of up to 1 year.	\$7,500
	Low level abuse/neglect by carers that has occurred over a period of 1 to 2 years, OR Some incidents of moderate level abuse/neglect by carers over a period of up to 1 year, OR Low and/or moderate level abuse/neglect committed by non-state carers/other young people over a period of 1 to 2 years.	\$15,000
	Persistent low level abuse/neglect by carers over a period of 3 or more years, OR Moderate level abuse/neglect by carers over a period of less than 1 year, OR Low level abuse/neglect committed by non-state carers/other young people over a period of more than 2 years.	\$20,000
<b>Category 2</b> Greater Severity  (\$25,000 to \$35,000)	Moderate level abuse/neglect by carers that has occurred over a period of 1 to 2 years, OR Moderate level abuse/neglect by carers that has occurred over a period of up to 1 year, along with low level abuse that has occurred consistently over a period of 1 to 2 years, OR Moderate level abuse/neglect committed by non-state carers/other young people over a period of 1 to 2 years, or low level abuse over period of more than 5 years	\$25,000
	A mix of moderate abuse/neglect by carers and low/moderate level abuse/neglect committed by non-state carers/other young people over a period of more than 2 years, OR Moderate level abuse/neglect by non-state carers/other young people over a period of more than 3 years	\$30,000
	Moderate level abuse/neglect by carers over a period of 3 to 5 years, OR Serious level abuse/neglect by non-state carers/other young people over a period of less than year.	\$35,000
<b>Category 3</b> Significant Severity  (\$40,000 to \$50,000)	Moderate level abuse/neglect by carers over a period of more than 5 years, OR Serious level abuse/neglect by carers over a period of up to 1 year, OR Moderate level abuse/neglect committed by non-state carers/other young people over a period of more than 5 years.	\$40,000
	Serious level abuse/neglect by carers over a period of 1 to 3 years, OR Serious level abuse/neglect committed by non-state carers/other young people over a period of more than 1 year.	\$45,000
	Serious abuse/neglect by carers over a period of 3 to 5 years, OR Serious level abuse/neglect committed by non-state carers/other young people over a period of 1 to 3 years	\$50,000
<b>Category 4</b> Extreme Severity  (\$55,000 to \$65,000)	Persistent and regular serious abuse/neglect by carers over a period of at least 3 years, OR Serious level abuse/neglect committed by non-state carers/other young people over a period of more than 3 years.	\$55,000
	Persistent and regular serious abuse/neglect by carers over a period of at least 5 years, OR Serious level abuse/neglect committed by non-state carers/other young people over a period of more than 5 years.	\$60,000
	Persistent and regular serious abuse/neglect over a period of more than 5 years. The survivor will typically have endured multiple types of abuse in that period.	\$65,000
<b>Category 5</b> Extraordinary Severity Over \$65,000	This category is reserved to recognise survivors where there are clear aggravating factors and exceptional circumstances to the level of abuse described in category 4.	Over \$65,000

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**Appendix 3: Alternative approach that was considered for the Common Payment Framework but is not being progressed – Points Matrix (draft)**

Survivor's experience	Severity	Points
<b>Abuse and neglect:</b> Score each separately by the most serious form. Frequency is one overall score ('how much' – regularity and/or occurrences)	Low - 1, Moderate - 2, Serious - 3, Severe - 4	
Sexual Physical Psychological/emotional Neglect Frequency		
<b>Compounding factors:</b> Score each of the following	Low - 1, Moderate - 2, Serious - 3, Severe - 4	
<b>Duration:</b> time period/s in abusive care. (Low <1year, moderate 1-2.5 years, serious 2.5-5 years, severe >5 years) <b>Role/position:</b> of the most serious level abuser. (Low = child similar age; moderate = older child, non-caregiver adult; serious = caregiver; severe = state actor.) <b>Age at entry into abusive care (tbc)</b>		
<b>Aggravating factors:</b> To recognise fuller experience, agency differences and specific needs. (tbc) E.g., accompanying violence, timeout misuse, inaction / failure to respond.	0.5 - 2 points (OR lift by %). Overall score based on severity.	

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# Cover sheet



**Listening, learning, changing**  
**Mā Whakarongo me Ako ka huri te tai**  
Crown Response to the Abuse in Care Inquiry

## Update: Additional redress claims funding and Care Safety System initiatives

**For:** Ministerial Group – Crown Response to the Abuse in Care Inquiry

**Security level:**

**Meeting Date:** 11 August 2025

**Tracking No:** CRACI 25/089

### Purpose

1. This paper provides an update on the additional redress claims funding in FY24/25 and the progress of Budget 25 Care Safety initiatives for information only.

### Recommendations

2. It is recommended that you:
  - a. **note** the updates provided for redress claims funding and Care Safety System Initiatives table attached as Appendix One.

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## Appendix One: Redress claims funding and Care Safety System Initiatives Update

### Redress for Abuse in Care – Update on Additional FY24/25 Capacity Funding

Cabinet allocated an additional \$32.524 million interim investment to increase State claim agencies' capacity to complete an additional 746 claims over 2024/25 and 2025/26.

The additional funding allocated to FY24/25 totalled \$9.365 million for an additional 196 claims. The result for FY24/25 is stated in the table below.

Agency	Allocated additional Funding FY24/25	Target number of additional claims FY24/25	Result
Ministry of Education	\$3.500m	57	Achieved
Ministry of Health	\$0.150m	25	Achieved
Ministry of Social Development	\$4.435m	90	Achieved
Oranga Tamariki	\$1.280m	24	Partially achieved Due to the complexity of some claims of confirming eligibility, assessment of some claims has not yet been completed. This work is ongoing and expected to be completed in 2025/26.
<b>Total</b>	<b>\$9.365m</b>	<b>196</b>	

### Making the Care System Safe – B25 Work Program Progress

Initiative #	Initiative	Vote	Appropriation / Contingency	Drawn down	Progress/Actions
16995	Building a Diverse, Capable and Safe Care Workforce	Education	0.155	n/a	One fixed term employee (0.5 FTE) appointed. The remaining 0.5 FTE will be appointed as the requirements of the work are better understood.
17002	Recordkeeping and Access – Uplift Care Record Keeping to Support New Systems and Improve Management and Access	Education	0.335	n/a	Internal recruitment approvals sought for 2 fixed term employees.



## Making the Care System Safe – B25 Work Program Progress

Initiative #	Initiative	Vote	Appropriation / Contingency	Drawn down	Progress/Actions
16992	Improving Mental Health Inpatient Unit Environments	Health	0.367	n/a	This initiative provides funding to Health New Zealand to assess and improve mental health inpatient units to ensure care settings are safe and responsive to people’s needs. Implementation planning has commenced. Planning is underway for dedicated resource to undertake the in-depth assessment of mental health inpatient units. Next steps include developing a process to identify where safety improvements are needed and how these will be prioritised, and developing a business case to outline how funding will be used in 2025/26 and 2026/27 and a second implementation case following the assessment to outline how funding will be used in 2027/28 and 2028/29.
16996	Building a Diverse, Capable and Safe Care Workforce	Health	0.155	n/a	<p>This funding is for 1 Full Time Equivalent (FTE) for the Ministry of Health and/or Health New Zealand for FY25/26 to enable the drawdown and use of funding for this cross-agency initiative held in a tagged contingency (see 16498).</p> <p>Health, MSD-DSS, Education, and Oranga Tamariki are developing a project plan for this initiative and will provide a proposed work programme and seek endorsement from joint Ministers in August/September.</p> <p>On Ministers approval of the project plan, this funding will be used by Health New Zealand to hire 1 FTE to provide operational expertise for the project.</p>
16999	Bolstering Safeguards and Oversight of Compulsory Mental Health and Addiction Care	Health	1.584	n/a	<p>This initiative provides funding to the Ministry of Health to increase the capacity, expertise, and availability of independent statutory roles including District Inspectors and Review Tribunals and improving models of care. Implementation is in the early stages.</p> <p>Three district inspector vacancies have been replaced with five new recruits, increasing the number of district inspectors from 37 to 39. Updated guidelines for district inspectors are due to be published in August.</p> <p>Several vacancies in the Mental Health Review Tribunal will be filled over the next few months.</p> <p>The Ministry will recruit additional FTE to support increased monitoring and develop the new guidance and information (2.3 FTE in 2025/2026 and 2026/2027 and dropping to 1 FTE ongoing after).</p>

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## Making the Care System Safe – B25 Work Program Progress

Initiative #	Initiative	Vote	Appropriation / Contingency	Drawn down	Progress/Actions
16993	Recognising and Responding to Abuse in Care	Oranga Tamariki	7.600	n/a	<p>A draft project plan has been developed.</p> <p>Recruitment is underway for a programme manager on a 12-month fixed-term contract. We expect to appoint a suitable person in the near future.</p>
16997	Building a Diverse, Capable and Safe Care Workforce	Oranga Tamariki	0.155	n/a	<p>Recruitment is underway for a 6-month fixed term FTE to support this work. We expect to have a person in the role by the end of August. In the meantime, Oranga Tamariki has been providing resource from another team to support the project plan for this work.</p>
17000	Recordkeeping to Improve Quality, Quantity, Capacity, Access and Whanau Connections	Internal Affairs	1.242	n/a	<p>Have set up cross-agency working group with Disability Support Services and Education to develop guidance for their contracted care providers and smaller schools.</p> <p>Setting up in-house team to provide helpdesk and implement Care Records Framework in-house and monitor implementation across agencies. Promoting Care Records Framework with wider stakeholders.</p> <p>Progressing review of disposal settings and improvements to accessibility of our public engagement on disposal decisions.</p>

9(2)(f)(iv)

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## Making the Care System Safe – B25 Work Program Progress

Initiative #	Initiative	Vote	Appropriation / Contingency	Drawn down	Progress/Actions
9(2)(f)(iv)					
17001	Uplift Care Record Keeping to Support New Systems and Improve Management and Access	Disability Support Services	0.500	n/a	<p>We are working closely with Archives New Zealand (DIA), who are eager to engage with a range of provider settings to inform the standards and guidance they are developing. To support this, DSS is hosting them at an upcoming DSS Provider Quality Forum in mid-August. This will raise awareness and increase visibility of their work. Dedicated resourcing will be engaged to support the development of tailored guidance for our DSS funded care providers, with a particular focus on smaller providers.</p> <p>A cross-agency working group, and a shared collaboration site is working well across Archives NZ (DIA), DSS, and Education.</p>
16498	Building a Diverse, Capable and Safe Care Workforce	Public Service	6.380	Nil	<p>Health, MSD-DSS, Education, and Oranga Tamariki are developing a project plan for this initiative and will provide a proposed work programme and seek endorsement from joint Ministers in August/September.</p>
16991	Empowering Families, Whānau and Communities to Prevent Entry into Care	Social Investment	4.000	Nil	<p>The Social Investment Agency with Crown Response Office have meet Oranga Tamariki, Ministry of Education, Ministry of Health, Ministry for Social Development, Waikaha and Te Puni Kokiri to discuss the proposed approach to drawdown the <i>Making the Care System Safe – Empowering Families, Whanau and Communities to Prevent Entry into Care</i> tagged contingency.</p> <p>The Social Investment Agency together with the Crown Response Office will prepare advice to Minister Willis and Minister Stanford to agree on the proposed approach for the tagged contingency drawdown.</p>

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## Implementing the Government's Response – B25 Work Program Progress

Initiative #	Initiative	Vote	Appropriation / Contingency	Drawn down	Progress/Actions
16960	Implementing the Government's Response to the Royal Commission of Inquiry into Abuse in Care	Public Service	7.094	<p>CAB-25-MIN-0190 reduced the contingency by \$7m (\$1.75m each year)</p> <p>CRACI 25/065 draw down \$0.164m</p> <p>The FY25/26 balance is now \$5.178m (\$21.209m total in the contingency)</p>	<p>Lake Alice Unit Torture Redress additional funding of \$7m to cover the fiscal envelope associated with the Crown's obligated payments for the individual pathway and any new registrants. The Arbiter is currently meeting with claimants and reviewing documentation.</p> <p>Implementation of an interim approach to identify and preclude some serious and/or violent offenders from accessing redress (Ministry of Health).</p>

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